How Stigma Impacts the Treatment Access-ability of Psychedelics for Mental Health

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Introduction

It has been estimated that roughly 350 million people worldwide, struggle with mental health concerns (De Gregorio et al., 2020). Despite the effort made by researchers and clinicians to understand and treat mental health concerns, the treatments available to those who struggle are still extremely limited in comparison to the impact they have on society (De Gregorio et al., 2020). Mitchell et al. (2021) explained that the current gold standards for treatment of mental health concerns are cognitive behavioural therapy (CBT) and selective-serotonin re-uptake inhibiters (SSRIs), however roughly 40%–60% of all participants do not respond to these methods (Beck & Haigh, 2014). This was also explained by Oud et al. (2019), who completed a systemic review including over 4000 participants, in Europe, where roughly 40% did not respond to CBT intervention (Beck & Haigh, 2014). Further evidence to support the limited efficacy of CBT was demonstrated through a longitudinal study, in the USA, done by von Brachel et al. (2019), which included 5- and 20-year follow-up with participants. Von Brachel et al. found that 40%–60% of participants reported effectiveness, as defined by effect sizes and clinically significant changes, of the CBT intervention they received. In the last 10 years, researchers have referenced the "psychedelic renaissance" in hopes of igniting interest in the use of psychedelic drugs to treat mental health concerns (De Gregorio et al., 2020). The word "psychedelic" was coined by psychiatrist Humphry Osmond and has Greek origins meaning "mind-manifesting" (Strauss et al., 2016, p. 1). Psychedelic drugs have had a difficult history within psychiatry and politics, which led them to being placed in the most highly restricted drug schedule in penal law (a classification system that categorizes drugs based on their potential for abuse, medical use, and safety profile) for the last 50 years. However, with this reignited interest, there is hope for change (De Gregorio et al., 2020).

Within the literature exploring substances, particularly recreational drugs and their potential therapeutic applications, psychedelics are understood within three categories: *serotonergic* or *classic hallucinogens* like psilocybin and lysergic acid diethylamide (LSD), *dissociative anesthetics* like ketamine, and *entactogens* like 4-methylenedioxymethamphetamine (MDMA; De Gregorio et al., 2020, p. 891). In this paper, I will discuss the therapeutic uses of MDMA, psilocybin, LSD, and ketamine in order to give a breadth of understanding throughout psychedelic categories, prior to understanding the stigma impacting them, and their therapeutic applications. For the purposes of this capstone project, I will refer to all of these as psychedelics as this is consistent with the current literature and their most well-known and understood name (De Gregorio et al., 2020). Psychedelics have had many definition revisions since the mid 1900s, but one aspect of their conceptualization has maintained: a substance that "induces states of altered perception, thought, and feeling that are not experienced otherwise," through the effect of agonists within our brains to create neuroplasticity, otherwise untouched (Nichols, 2016, pp. 268–269).

Barber and Aaronson (2022) explained that psychedelics seem to be an emerging field of research for treatment-resistant mental health concerns as the published research on this topic continues to grow. Carhart-Harris and Goodwin (2017) further explained the growing infrastructure for psychedelic research ranging from neuroimaging, psychology, and pharmacology that has developed to support this research. The literature thus far has shown evidence to show support for the use of psychedelics for various mental health concerns including depression, anxiety, posttraumatic stress disorder (PTSD), addiction, and end-of-life stress (De Gregorio et al., 2020). Despite emerging evidence researchers still struggle in gaining support from clinicians and law and policy makers (Nichols, 2016). Belouin and Henningfield

(2018) explained that there is a gap within the literature created by stigma. They further explain that even though stigma is frequently referenced in the literature as a barrier to treatment, what the stigma is exactly has not been adequately explained or why it has such a profound impact also on research and practice (Belouin & Henningfield, 2018). This gap and subsequent barrier are important to discuss and challenge, because it could be considered unethical to withhold treatment from people who are suffering needlessly (Canadian Psychological Association [CPA], 2017; Knaak et al., 2017; Nichols, 2016; Rao et al., 2019; Summers et al., 2018). The purpose of this paper is to further understand how psychedelics may be helpful within counselling and uncover how stigma seems to impact their treatment access-ability. To fully understand the uses of psychedelics, I have included a section on the Indigenous uses as well, to allow for a deeper understanding within the history and stigma sections. I have also included quotes from participants of published psychedelic-assisted therapy studies, to infuse an experiential aspect into the literature review. I have done this because it became very clear to me that a comprehensive understanding of psychedelics is necessary to add to the rich data collection and synthetization of findings.

Biases, Positioning Statement, & Ethics

First and foremost, I am a cisgender (she/they), White woman, who grew up in a predominately White, middle-class neighbourhood. I grew up semi-religious, and my parents are still happily married. I recognize that I grew up with a significant amount of privilege due to my race, gender, and social status, which will continue to impact how I learn about this topic. I will continue to understand how my own identity and reflexivity influences my writing, without taking control over it (Alejandro, 2020).

Personal Biases

A personal bias I have toward psychedelics is that I am a big advocate for their use both recreationally and therapeutically. I have experimented with psychedelics myself, however this experimentation has not been within therapeutic settings or with therapeutic intentions so I cannot attest to their use in this way. I can however attest to their feelings of euphoria and openness. This creates a bias for me as I want access to psychedelics to be made safer and more available. In order to manage this personal bias, I need to continuously reflect if I am writing from a place that is supported by research, or if it is purely fuelled by my own experience (Veine et al., 2019). This reflection will allow me to further synthesize my own experience, while learning about psychedelics, without it influencing my writing (Veine et al., 2019). The other personal bias I feel towards psychedelic research is that I believe it is very important to decolonize psychedelics and infuse the cultures who have been using them for many centuries before this research began. George et al. (2019), explained that despite the first colonial research into psychedelics beginning in the 1950s, Indigenous communities across the world were using and studying them for centuries before. It is my hope to infuse what is referred to by George et al. as a decolonized approach to this capstone research topic, which means appreciating the cultures that have been using psychedelics for centuries and using a trauma-informed lens in understanding it. This will continue to be something I am passionate about, but I will remain mindful to integrate it with academic support rather than my own opinion.

Professional Biases

I feel a professional bias to this topic because I have spent much of my student career taking every opportunity I can to write on psychedelics, which makes me feel like I have a greater understanding of their use already. In order to mitigate this, I need to pay attention to the

self-talk I have while writing. I have already found that I quickly dismiss articles and statements about this topic because I have written on something similar before. I need to remind myself that this is a fresh piece of work, and my reader and audience may not have the same knowledge that I have from researching it previously. In order to mitigate these thoughts, I will create a kind of CBT thought log, where I digest the thought, and unpack if the content of it is helpful to my writing or if it is in fact repetitive (Beck & Haigh, 2014). I may also only register the positive aspects I have learned about, without allowing space for the less positive, which would be a confirmation bias, which requires recognition through reflection and by using the thought log I previously explained (Beck & Haigh, 2014). I also have included a section below on the risks associated with psychedelic use in therapeutic settings because not acknowledging this would leave a massive gap in my research and would be considered unethical. By including a section on risks, I will be including multiple perspectives on this topic in order to be mindful of my biases without discounting the negative aspects of psychedelics.

Ethical Considerations

In order to properly recognize the ethical considerations to using psychedelics for clinical benefits, I need to situate my own ethics and understand how the regulating bodies within counselling set standards. I will discuss ethics in relation to my identity, as well as the Canadian Psychological Association's (CPA) principles, that will impact the lens I use to write this capstone project.

White Privilege as a Professional

I recognize the privilege and power I hold as a White counsellor, and it has been a consistent goal of mine to learn to be an ally for repressed communities, without being a White saviour, as defined by a White person who ostentatiously helps discriminated-against groups for

self-serving purposes (Grzanka et al., 2019). Grzanka et al. (2019) explained that researchers recognize "White people's dominance over virtually all sectors of society and through which implicit and explicit ideas about White people's superiority are reproduced through everyday dynamics in a wide variety of institutional and social settings" (p. 479). These dynamics are what allow for White privilege, which gives me greater access to life's resources compared to those with diverse identities, and with this privilege comes power (Grzanka et al., 2019). There is a power differential recognized in all counselling relationships due to the professional versus client identity, however the added factor of being White, specifically with clients who identify as people of colour (POC), is something to pay special attention to (Grzanka et al., 2019). Historically, counsellors have been essential in social justice efforts and cross-cultural inclusion, and it is important that those of us just entering the field to continue to harness those strengths (Grzanka et al., 2019, p. 480). This includes being grounded in critical race theory, having an active multicultural lens, and awareness of our own identity, as well as our clients (Grzanka et al., 2019). These strengths are what I will use to propel me in recognizing my own privilege and power, while understanding this research on psychedelics (Grzanka et al., 2019).

Canadian Psychological Association

The Canadian Psychological Association (CPA, 2017) outlines principles that are essential to maintain a strong and safe therapeutic alliance between client and counsellor. These principles also act as guiding factors to ensure professionals are acting in ethical ways, to ensure the safety of their clients (CPA, 2017). All four of the principles outlined are important to consider regardless of the work that counselling professionals are doing (CPA, 2017). However, from my perspective, when it comes to working with psychedelics, Principle II: Maximizing the Benefits and Minimizing the Harms (CPA, 2017), stands out the most. Principle II explains that in acting

as an ethical counselling professional, we are constantly weighing the risks and benefits that may impact our clients, based on our treatment model (CPA, 2017). In terms of the clinical implications of using psychedelics to produce change, there are many risks and benefits that clients could be exposed to, and it is essential that they are aware of both, and that their professional uses a strong and objective clinical judgement in recommending a possible intervention (CPA, 2017). Managing these risks and benefits is not an easy task, and it requires collaboration between client and counsellor, but this is only done ethically when the professional is able to place their personal opinions to the side (CPA, 2017). This is specifically important for me, as I am an advocate for the use of psychedelics, which may make me blind to their downfalls and therefore I will actively work with my supervisor to ensure this bias is not heard within my writing.

Literature Review

Indigenous Uses of Psychedelics

> "We can't start history of psychedelics in the '60s in the Americas; that needs to stop. We [Indigenous peoples] used this medicine before Jesus Christ walked this Earth" (George et al., 2019, p. 1).

Psychedelics are typically known for the research conducted by Albert Hofmann, Richard Alpert, and Timothy Leary in the 1950s and 60s, in the USA. Despite this being the beginning of colonial and academic psychedelic research, it was not the beginning of psychedelic knowledge and use (George et al., 2019). These researchers and others certainly deserve credit for the work they did in contributing to and publishing psychedelic science, however without crediting the customs and contributions of Indigenous peoples, their knowledge will continue to go under-appreciated and undervalued (George et al., 2019). Through the process of colonization,

Indigenous peoples across the globe have been forcefully disconnected from their culture and traditions, which modern research and medicine often fail to include (George et al., 2019). It is important for researchers today to actively decolonize research and empower cultural minorities to include their knowledge, and give credit (George et al., 2019).

Since the early 1500s, evidence of psychedelic use within Indigenous communities in North America, South America, Africa, and Central America can been found. Their use has been most often attributed to spiritual practices and healing, in addition to medicinal purposes (George et al., 2019; Nichols, 2020). These practices are vastly different across groups; however, some common ground has been noted including their use being of a spiritual nature led by a spiritual guide and often passed down orally through generations (George et al., 2019). Their uses vary from being used to rid disease, enter the spirit world, connect with lost loved ones, as well as deep reflective and meditative experiences that may involve hallucinogen properties that are considered medicinal (George et al., 2019). One aspect that seems clear in the comparison of Indigenous uses for psychedelics versus the potential uses being researched by Western frameworks is healing versus illness eradication (Fotiou, 2019). Interestingly within Indigenous ideologies, healing is possible without illness eradication which is quite contrary to the medical model of healing within Western society (Fotiou, 2019). This Indigenous understanding may open doorways for practitioners to support their patients in non-traditional ways to access medicine that has been used for centuries (Fotiou, 2019).

The current body of research calls for inclusion of diverse voices and recognition of how privilege and power impacts research and access to knowledge (George et al., 2019). It seems that if we are able to interrupt the lingering effects of colonialism and discrimination, it may

foster a deeper perspective to include other information and ways of knowing, to support future research and understanding (Fotiou, 2019).

Brief History of Psychedelic Colonial Research

Richard Alpert and Timothy Leary are often considered the pioneers of psychedelic medicine in North America (Doblin et al., 2019). They researched psychedelics and their possible uses at Harvard and Cambridge Universities in the 1950s and early 60s, prior to being fired due to not following the ethical requirements at the time, regarding their research, such as continuing their research without approval and using psychedelics recreationally with students (Doblin et al., 2019). They continued to influence the psychedelic study community even after they were stripped from academia, through encouraging counterculture and drug use (Doblin et al., 2019). Leary is often known for telling students and others: "turn on, tune in, and drop out" (Leary, 1966; as cited in Nichols, 2016, p. 268). Shortly after Leary and Alpert were removed from academia in 1967, Albert Hoffman continued the work they began by synthesizing LSD and researching its similarities to serotonin and its possible uses for mental health concerns (Nichols, 2016). Due to the counterculture created by Leary and Alpert, along with the overall "hippie" movement of the 60s, media created misinformed reports of drug-induced confusion and physiological and psychological damage, like people reporting they could fly or hear colors and see sounds (Nichols, 2016).

In the 1970s, the war on drugs was created by President Nixon, in the USA, out of what has been considered fear and conservatism-based values against drugs (Coyne & Hall, 2017). This war began despite the lack of scientific evidence that shows support for any movement of abstinence and criminalization, such as seen during the Prohibition Era in the 1920s in the USA (Coyne & Hall, 2017). The war on drugs placed psychedelics in the Schedule 1 category, which

holds the highest restrictions and punishments in penal law, making it nearly impossible to carry out research on psychedelics without incurring charges (Coyne & Hall, 2017). It was not until the 2000s when research gained acceptance for, what has been coined the psychedelic renaissance, and research with psychedelics began at a rate never seen before and is still producing promising results for the treatment of mental health concerns (Nichols, 2016). This change occurred after Griffiths et al. (2006) received permission from the United States government to create a foundational study, in Maryland, USA, on the effects of psilocybin. After clinically significant results and curiosity among researchers was heightened, they conducted a randomized double-blind trial on the effects of psilocybin for depression and anxiety and again found positive results in humans (Griffiths et al., 2016). This shift in curiosity was fundamental for the upsurge in research and foundation for the John Hopkins Centre for Psychedelic and Consciousness Research to be founded shortly after (Griffiths et al., 2006; Griffiths et al., 2016). The history of psychedelic research plays an important role in current research today, and this brief introduction serves as a reference as this literature review continues, specifically on its clinical utility. This will also be important in order to understand the implications of the stigma of psychedelics, and how this impacts accessibility to treatment.

Integration of Spirituality and Western Medicine

Johnson (2020) and Walsh and Grob (2006) explain that psychedelics have a spiritual element and originate in spiritual practices across Indigenous communities worldwide. Researchers are still seeking to understand the spiritual aspects of psychedelics and how they impact one's own consciousness and understanding of reality (Johnson, 2020; Walsh & Grob, 2006). They also explained the importance in the shift within Western medicine, which is based on the colonial medical model, to include the cultural and anthropological history of

psychedelics across the globe, in order to properly address the stigma holding them back (Walsh & Grob, 2006). Indigenous communities worldwide utilized psychedelic compounds for hundreds of years and stripping them of these medicines was part of the assimilation efforts by Europeans (Walsh & Grob, 2006). Without recognizing this, and re-educating people on the use of these compounds, medicinally with spiritual connection included, a piece of deconstructing stigma is missing, and perpetual racism and discrimination continues (King & Hammond, 2021).

This impact has been witnessed within anthropology, spirituality, neurology, psychopharmacology, and beyond as well (Johnson, 2020; Walsh & Grob, 2006). This is quite different than previous mental health research (Johnson, 2020; Walsh & Grob, 2006). Rather than psychedelics producing a cure or "fix" for mental health concerns, they provide experiences and potentials beyond that of current approaches and new ways of understanding and working with diagnoses (Johnson, 2020; Walsh & Grob, 2006). This encourages psychology as a whole to expand the understandings and research potentials of psychedelics (Johnson, 2020; Walsh & Grob, 2006). Walsh and Grob (2006) further explained them as offering a complimentary way of understanding mental health. However, this seems to be recognized as a threat or dismissive to our current understanding, rather than complimentary (Walsh & Grob, 2006). Psychedelics are viewed as a threat in the Western world due to our relatively "monophasic state," which means there is privilege given to our conscious awake state and we marginalize other states, which is contrary to more spiritual societies and cultures, who recognize "polyphasic" states which draw connection from varying levels of consciousness, meditation, and trance (Walsh & Grob, 2006, pp. 443–444). The Western ideological perspective, which is dominant throughout the literature, is rooted in objective experiences, exploring consciousness and spirituality sounds deviant and uncomfortable, despite so many other worldly cultures being rooted in this ideology (Walsh &

Grob, 2006). Therefore, it can be argued that this unknown and unfamiliar experience scares researchers and policy makers, despite it being known for centuries to communities who are not usually recognized within research (Walsh & Grob, 2006). This is intertwined with stigma due to the discomfort in making efforts to understand spirituality, mental health, and psychedelics which all are laced with their own stigmas (Walsh & Grob, 2006). This is why education and further research is essential to deepen our understanding in creating complimentary understandings as explained by Walsh and Gob (2006), without being viewed as a threat.

Risks Associated With Psychedelic Use

Morgan et al. (2010), Nutt et al. (2007, 2010), and Davis et al. (2022) have found that alcohol is the most dangerous drug in terms of harm and dependence (for example tolerance and abuse), followed by opiates, while psychedelics show the least harmful effects. Regardless of this, the ingestion of psychedelics still poses risks regarding dosage, set and setting, and subjective experiences, and without recognizing this and adjusting accordingly, we are not acting as ethical researchers or clinicians (Nichols, 2016). This means stringent safety measures are pertinent to any research done. Nichols (2016) explained that in order to utilize psychedelics safely, we need to be aware of their effects, including any possible risks or reactions. Within the research thus far, risks and adverse psychological and physiological experiences have been reported in humans (Nichols, 2016).

Psychological Risks

The terminology bad *trip*, plainly understood as an experience, is often used to explain poor psychological outcomes post ingestion of psychedelics. Roughly 39% of people who have experienced a bad trip, rate it in the top five worst experiences of their life (Carbonaro et al., 2016; Schlag et al., 2022). However, possibly the most well-known adverse experiences of

psychedelic use, particularly concerning LSD, is hallucinogen persisting perception disorder (American Psychological Association [APA], 2022; Nichols, 2016). This is recognized by the symptomatology of "afterimages, perception of movement in peripheral visual fields, blurring of small patterns, halo effects, and macro- and micropsia long after the drug has been used," (APA, 2022; Nichols, 2016, p. 277). Symptoms of restlessness, anger, and aggression have also been reported upon high doses of psychedelics (Nichols, 2016). Lastly, although psychedelics do not hold the same level of risks as other drugs as stated previously, recognizing the impact on judgement, perception, and perspective is essential when considering safety and the psychological risks they hold for clients (Bender & Hellerstein, 2022; Nichols, 2016). This has been observed in psychedelic use in recreational or nonclinical use (Bender & Hellerstein, 2022; Nichols, 2016). Despite unfavourable outcomes when set and setting are not controlled, the consequences of this impairment are important to consider ensuring the safety of users moving forward (Bender & Hellerstein, 2022; Nichols, 2016). These psychological risks are important for inclusion and exclusion criteria for studies and treatment, to maximize the safety and minimize the risks to participants (CPA, 2017; Nichols, 2016).

Physiological Risks

Nichols (2016) reported that upon ingesting higher than recommended doses of psychedelics, there have been adverse reactions regarding blood flow, as well as tissue and organ dysfunction. This is why the health of participants is particularly important to consider prior to inclusion in research or treatment (Bender & Hellerstein, 2022). It also seems that when drug and blood toxicology are run on patients admitted to hospitals for drug related concerns, there is a disconnect between what the patient believes they ingested (recreationally) and what is actually found in their blood, meaning what is being sold on the streets by dealers is tainted (Nichols,

2016). As such, the drug itself may not be harmful, but when mixed with other substances including alcohol and other drugs, adverse experiences may occur (Nichols, 2016).

Past Research Mistakes

Carbonaro et al. (2016) and Schlag et al. (2022), explained that early studies on psychedelics "neglected the importance of set and setting, contributing to the risk of adverse effects occurring, and did not include the stringent control conditions or groups that are standard in today's clinical psychopharmacology research" (p. 262). This means that the adverse effects reported in the psychedelic research in the 1950s and 60s may be attributed to the lack of scientific controls for set and setting, rather than the psychedelic itself (Carbonaro et al., 2016; Schlag et al., 2022). Regardless of these mistakes, the adverse outcomes are still pertinent to consider in research today to ensure safety and that risks can be mitigated and participants can provide informed consent (CPA, 2017; College of Alberta Psychologists [CAP], 2019, 2022). One of the most serious past research mistakes I found in the literature documented is the MK-ULTRA experiments during the 1950s and 60s, conducted by the Central Intelligence Agency (CIA) in the United States (Select Committee on Intelligence and Committee on Human Resources, 1977). These experiments were conducted without oversight by ethics boards, on patients of particular vulnerability including mostly people of colour (POC), people with severe mental health diagnoses, and prisoners, that included using psychedelics, electroshock therapy, and other experimental treatments (Select Committee on Intelligence and Committee on Human Resources, 1977). These patients were not aware of the type of experiments being conducted, and lacked informed consent, with the intent of understanding if these substances could be used for mind-control and manipulation purposes (Select Committee on Intelligence and Committee on Human Resources, 1977). The results of this study proved psychedelics could not be used for

brain-washing or psychological torture but was not ended until 1972 (Select Committee on Intelligence and Committee on Human Resources, 1977). The damage inflicted by these studies is irreversible and has created a ripple effect for future psychedelic studies to wade through due to the harm caused (Select Committee on Intelligence and Committee on Human Resources, 1977). These studies operated without scientific controls, ethics reviews, or informed consent from participants (CPA, 2017; CAP, 2019, 2022).

The Psychedelic Renaissance

I will be discussing MDMA, psilocybin, ketamine, and LSD to outline their effects, mechanisms of actions, and how they are being used clinically today. As part of this, I will also discuss what the current research has uncovered regarding the potential clinical applications of psychedelics. The purpose this is to create a foundation to understand and synthesize how stigma impacts research and use. Prior to each section is a quote from a participant in a psychedelic-assisted therapy clinical trial, in order to ground the reader through an experiential understanding of psychedelics and their effects.

MDMA

> I think that the MDMA gave me the ability to feel as though I was capable and safe of tackling the issues. Whereas before I feared those thoughts and I tried to avoid them at all times, and avoid things that reminded me of those thoughts, I think it allowed me to feel safe in my space. Of being able to fight it. I felt like I had the ability and tools, whereas before I was unarmed, unarmored, and had no support. And this type of environment, with [the therapists], the catalyst drug, and everything else, it felt as though I had backup. Now it was safe, and I had my tools and weapons to be able to tackle the obstacles that I never had before. (Barone et al., 2019 p. 7)

MDMA has gone by many different names as our understanding of it has changed (Nichols, 2016). Within the street market, MDMA is known as "molly, M, and ecstasy" however these versions of MDMA typically contain a mixture of other illegal substances due to the nature of the underground market (Williams et al., 2019, p. 40). In the 1970s it was found to create the ability for users "to touch within" and with that a new name was born: "entactogens," which was given to psychedelic drugs that seemed to have psychological applicability's (Grob, 2000, p. 551). As research continued in the 21st century it has again been given an updated name: "empathogen," due to its "ability to promote attachment, trust, empathy, and interpersonal connectedness" (Barber & Aaronson, 2022, p. 584).

Empathy has been long understood as an essential, if not the most important piece within psychotherapy, that has the greatest impact on change-making and MDMA seems to produce heightened feelings of empathy (Grob, 2000). It seems to enable people to be more vulnerable while being honest and compassionate towards themselves and others without participants feeling the need to protect or guard themselves from undesirable feelings (Grob, 2000). It has also been explained to produce a sense of euphoria amongst users that encourages feelings of safety, comfort, and happiness and lessens defensive feelings (Barber & Aaronson, 2022).

MDMA in Clinical Settings. The Multidisciplinary Association for Psychedelic Studies (MAPS) and the Food and Drug Administration (FDA) granted MDMA breakthrough therapy treatment status for PTSD, upon it surpassing expectations in initial clinical trials, and as of now it is currently being examined in phase 3 clinical trials in North America and Europe (Mitchell et al., 2021). MDMA is specifically being examined as a possible treatment for PTSD and its comorbid conditions including trauma, substance abuse, mood disorders, and suicidality (Mitchell et al., 2021). Typically, PTSD is treated with psychotherapy and SSRIs, however only

about half of people respond to this treatment (Mitchell et al., 2021). Currently, phase 3 trials are examining the effects of MDMA dosing combined with psychotherapy, and then measured based on before and after scores of the Clinician Administered PTSD Scale for DSM-5 (CAPS-5; Mitchell et al., 2021). The phase 3 trials are finding clinically significant improvement, on patients with PTSD diagnoses, as defined by a decrease of greater than 10 points on their CAPS-5 scores or loss of diagnosis, and these results remained up to 1-year post intervention (Doblin et al., 2019; Mitchell et al., 2021).

Within these phase 3 clinical trials, researchers are finding that "MDMA reduces the fear of traumatic memories and increases feelings of trust and compassion towards others" (Williams et al., 2019, p. 41). Barber and Aaronson (2022) explained MDMA's mechanism of action can be understood as a "belief-relaxer" (p. 585). They further explained that psychotherapy often serves to treat the unhelpful ideas, thoughts, and perceptions that people have that influence how they view themselves and others, and MDMA seems to relax these strongly held beliefs, allowing for deeper and more impactful therapeutic work (Barber & Aaronson, 2022). In summary, MDMA seems to reduce the fear often associated with trauma and heightens feelings of empathy and trust, which allow traumatic memories to be less powerful and more attainable by enhancing the therapeutic alliance which makes it a possible intervention for the treatment of PTSD and its comorbidities (Williams et al., 2019).

Psilocybin

> I felt like I let go of a lot of anger and resentment towards my parents, I mean, I thought I had already done that, but I really hadn't, and I kind of saw them more as, like, these flawed human beings who did the best they could. (Belser et al., 2017, p. 364)

Lowe et al. (2021) explained that psilocybin is a chemical found in some organic mushrooms (often referred to as magic mushrooms), which have been used for thousands of years for ceremonial and spiritual use by Indigenous communities across the globe. The first documentation found of magic mushroom use was in the 1500s by Aztec communities and others in South and Central Americas (Lowe et al., 2021). Psilocybin is known for its ability to have an intense impact on human perception and consciousness without causing dependency or adverse reactions when ingesting low doses (Gandy, 2019).

Psilocybin, like other psychedelics, promotes "structural neural plasticity, by robustly increasing the formation of new synapses and dendrites between neutrons, facilitating the formation" of new connections in the brain (Gandy, 2019, p. 281). This improves critical thinking and creativity, while allowing for deeper emotional capacities (Doblin et al., 2019). Interestingly, Gandy (2019) found within their participant sample of Hungarian people, of whom reported long-term use of psychedelics like psilocybin, there was reduced risks of feelings of depression or suicidality, as well as a lack of risky behaviour including manipulation and law-breaking.

Psilocybin in Clinical Settings. Psilocybin is currently being researched specifically for its application for treatment of depressive and anxiety-like symptoms (Doblin et al., 2019; Schlag et al., 2022). The current treatment for depressive symptoms is SSRIs and talk therapy, however approximately 30%–50% of patients do not respond to either of these or report adverse effects from the medications (Davis et al., 2021, p. 482). However, Davis et al. (2021), found that with a combination of psilocybin dosing and psychotherapy, two thirds of participants had a clinically significant response based on the GRID-Hamilton Depression Rating Scale (GRID-HAMD), which is a highly reliable and valid assessment tool for depressive symptoms. And this

result lasted at least 4 weeks as determined by their follow-up assessment (Davis et al., 2021). Davies et al.'s study was based at the John Hopkins Centre for research in Maryland and consisted of 27 participants who ranged in age from 21–75 years old.

Within the last few years in Canada, psilocybin was given approval by Health Canada to be prescribed for terminally ill people suffering from anxiety relating to their diagnosis (Schlag et al., 2022). This was upon initial results from Health Canada studies, in their intention to expand the Special Access Program (SAP), so practitioners could request restricted drugs on a case-by-case basis (Schlag et al., 2022). This exemplifies the growing infrastructure to support psychedelic use in Canada to support terminally ill patients (Schlag et al., 2022).

Ketamine

> So, if trauma was like a ball so like you've got something about the size of a tennis ball that has a trauma experience. It's attached to your body. You can move it around in the body, but it's still attached to you. It's unpicking that fabric and weaving the fabric into your being. So, it doesn't cease to exist, but its power is gone. (Mollaahmetoglu et al., 2021, p. 9)

Ketamine has been used in operating rooms for over 50 years, for sedation and continued pain management, and is one of the few medications approved for medical procedures like caesarean sections and certain heart surgeries (Gao et al., 2016). It is also a highly regarded pain medication due to mild recovery considerations compared to opioids (Gao et al., 2016). Despite it being an essential medicine used daily across the world, it is most commonly recognized by the general public and on the street market as "Special K, Vitamin K or K," and it is a very popular drug for recreational use among club and rave scenes (Chakraborty et al., 2011, p. 598). Unlike any other psychedelic, ketamine is legal for medical use by professionals, and is

most often used for anaesthesia, but has also been found to treat symptoms of depression in both research and clinical settings (Doblin et al., 2019). The University of Calgary recently announced the Parker Psychedelic Research Chair, where they aim to continue to research the clinical utility of psychedelics ("University of Calgary announces Parker Psychedelic Research Chair," 2021). They have also opened a clinic in Calgary, Alberta called Bloom Psychedelic Therapy and Research Centre, where ketamine is being administered intravenously to treat mental health concerns such as depression, anxiety, and trauma ("University of Calgary announces Parker Psychedelic Research Chair," 2021). Their results are ongoing, but report clinically significant results for their patients ("University of Calgary announces Parker Psychedelic Research Chair," 2021).

Ketamine is known for creating a fantasy-like state for users and can cause hallucinations, similar to that of psilocybin, on low to high doses (Chakraborty et al., 2011). It has "demonstrated incredible potential as a rapid, highly effective antidepressant and its antidepressant function is believed to be the result of its antagonism of N-methyl-d-aspartate (NMDA) receptors, and the resulting impact on neuroplasticity" (Doblin et al., 2019, p. 95). Doblin et al. (2019) further explained that the hallucinogenic and dissociative effects ketamine produces seem to be essential to its therapeutic potential.

Ketamine in Clinical Settings. In a study done by Schwartz et al. (2016), ketamine was found to alleviate depressed participants of their symptoms within 2 hours of a single-dose administration, and this lasted up to 2 weeks. Schwartz et al. also explained that based on their research, ketamine shows promising results for mood disorders, PTSD, and suicidality. Gao et al. (2016), also found that despite ketamine's traditional uses within anesthesia, it also shows rapid results for treating depression. Based on the current research done by Schwartz et al. and Gao et

al., and many others, ketamine has the potential to be a long-lasting treatment for depression and suicidal ideation and other mental health concerns. Ketamine is also in a unique position as a legal psychedelic, which creates access to it unlike any of its counterparts (Doblin et al., 2019: Gao et al., 2016; Schwartz et al., 2016).

LSD

> Quality of life changed extremely insofar as I became calmer, that I take things easier. It makes a difference if I look upon death with stress or with equanimity. I believe that is an enormous difference in quality of life. That I don't have to cry every night like in the first months. Instead I laugh and the illness, well the pain, when I get up and walk like an old grandmother I have to giggle and think 'What is this?'. Well, I think quality of life has changed. (Gasser et al., 2014, p. 7)

LSD was first discovered in 1938 by Albert Hoffman, in the USA, while he was trying to stabilize lysergic acid, which is a fungal derivative, and reported being dizzy with hallucinations (Fuentes et al., 2020). LSD is a powerful hallucinogen that has a long history with psychiatry and counterculture and was subsequently prohibited in the USA in 1967 (Fuentes et al., 2020). LSD is originally derived from ergot, which is a fungus that grows on rye and other grains (Fuentes et al., 2020). It is often known as "acid" and for its popularity within recreational use (Fuentes et al., 2020). It is currently prohibited under the Schedule III of *Canada's Controlled Drugs and Substances Act* and is only permitted in very small quantities for research (Fuentes et al., 2020).

The mechanism of action behind LSD is still largely misunderstood but this is what researchers have found thus far: LSD seems to effect serotonin receptors and causes remodelling of the cell dendrites which is the basis for creating neuroplasticity and behaviour change (Hwang & Saadabadi, 2022). The experience of LSD has been explained as an altered state of

consciousness: “as if the eyes have been cleansed and the person can see the world as new in all respects” (Fuentes et al., 2020, p. 2). Similar to the effects of psilocybin, people often report a distortion in perception, senses, and feelings of happiness and safety (Fuentes et al., 2020).

LSD in Clinical Settings. LSD was used by doctors for the treatment of anxiety and depression related concerns, as well as addiction, to support in the remission of related symptoms, prior to its prohibition in the 1970s (Fuentes et al., 2020). In present-day studies, LSD has continued to show promising results for the treatment of mental health concerns (Fuentes et al., 2020, p. 10). Upon 1-year follow-ups, patients reported continued positive outcomes, such as symptom reduction, even compared to traditional psychotherapy (Fuentes et al., 2020). However, Fuentes et al. (2020) noted that when tested on patients with diagnosed schizophrenia or a family history of schizophrenia, worse outcomes and prolonged problems were observed. This is important to consider for the inclusion and exclusion criteria of participants in LSD research, to ensure safety and risks are being mitigated. Interestingly in Switzerland, LSD has been granted for compassionate access for patients who do not respond to other treatments, mainly for depression and PTSD (Schlag et al., 2022).

How Stigma Impacts Psychedelics

Stigma, as defined by research, is the intangible mark of shame or disgrace with a certain person, quality, or circumstance (Summers et al., 2018). An interesting aspect of psychedelics is the way stigma seems to impact their use both recreationally and clinically, as well as their ability to be researched. Summers et al. (2018) explained that stigma is intersectional, as defined by interconnectedness and interdependence, and based on the literature, psychedelics seem to be impacted by the following factors: language, education, perception, and culture (Summers et al., 2018). Rao et al. (2019) furthered the idea of intersectional stigma by explaining stigma operates

in multiple levels including: intrapersonal, interpersonal, community, organizational, and structural. Intrapersonal can include self-stigma, for example "counselling and characteristic of individuals living with the stigmatized condition" (Knaak et al., 2017; Rao et al., 2019, p. 2). Interpersonal is the person's relation to others, in terms of the "care and support" they receive (Knaak et al., 2017; Rao et al., 2019, p. 2). Community includes "reducing stigmatizing attitudes and behaviours," and lastly organizational and structural entails education and policy changes, respectfully (Knaak et al., 2017; Rao et al., 2019, p. 2).

Psychedelics had faced a long history of stigma due to counterculture associations, illegal use, and unethical studies (Summers et al., 2018). Due to this, the general public, healthcare professionals, and policy makers are often hesitant to accept and integrate them into clinical use (Knaak et al., 2017). Individuals may resist treatment by psychedelics due to this tainted history, or for the fear of how they will be viewed by society and family, if they do use psychedelics (Summers et al., 2018). Professionals also seem to struggle with the association between psychedelics and stigma due to the societal beliefs regarding their reputation in medicine or legal implications due to history (Carbonaro et al., 2016; Schlag et al., 2022). And lastly, funding for research on the potential therapeutic benefits can be difficult to secure (Carbonaro et al., 2016; Schlag et al., 2022). Overall, stigma creates barriers for people living with the stigmatized condition or mental illness, and it also impacts professionals who interact and study it by reinforcing conscious or unconscious values (Summers et al., 2018). Having this basic understanding of stigma is essential and will act as the foundation for the remaining discussion.

Language

The current lexicon used within the literature of psychedelics is often "shrooms, molly, magic mushrooms, trip, and bad trip" (Beswerchii & Sisti, 2022, p. 4). However, none of these

words are rooted in methodology, chemical compounds, or the therapeutic properties, and therefore allow for gross interpretation and misunderstanding (Beswerchii & Sisti, 2022). For example, trip is often referenced with LSD and the counterculture movements it was heavily involved in prior to the war on drugs and holds a strong stigma of "acting crazy, losing your mind, and other dangerous ideas" (Beswerchii & Sisti, 2022, p. 4). Whereas in psychedelic-assisted therapy, trip is understood as a therapeutic experience while ingesting low doses and being supported by several professionals (Beswerchii & Sisti, 2022). Encouraging a language shift like this could help to distinguish between recreational drug use and therapeutic drug use, which is supported by the research (Beswerchii & Sisti, 2022). Beswerchii and Sisti (2022) further explain this is not to confuse or discredit spiritual or recreational use of psychedelics, but instead to reinforce their medicinal potential and the need to be recognized as such within the clinical community.

Language, or more specifically definitions and semantics, seems to impact the stigma of psychedelics on both intrapersonal and community levels (Knaak et al., 2017; Rao et al., 2019). Beswerchii and Sisti (2022) argue that mental health professionals and researchers need to "carefully develop and adopt a standardized, objective vocabulary to advance both the science and public acceptance of the potential benefits of psychedelic medicines" (p. 2). A semantic shift in language like this could be compared to that of addiction and how changing language helps to shape public opinion and perception (Beswerchii & Sisti, 2022). This historical example taught us that the language professionals use to identify, categorize, and conceptualize us with can both positively or negatively impact our own worth and ability to use the support provided for change (Beswerchii & Sisti, 2022). This example exemplifies the important role language plays in deconstructing stigma and the powerful effect it can have on people accessing help, to

professionals, and to the media (Beswerchii & Sisti, 2022). This highlights the importance of person-first language and the understanding that this person is not an "addict" or in psychedelic terms, a "user," but rather a person who is suffering from addiction, or a person using psychedelics to treat their mental health (Crocker & Smith, 2019). Based on this information, it seems critical to create consistent, accurate, and synchronized medical definitions and understandings and this will allow for better communication between patients, clinicians, researchers, and the media (Beswerchii & Sisti, 2022).

This research presented by Beswerchii and Sisti (2022) encourages critical thinking on an intrapersonal, interpersonal, and structural level (Knaak et al., 2017; Rao et al., 2019). The stigmatizing effect of language seems to heavily impact how we view ourselves and in turn the attitudes that fuel our interactions with professionals, as well as the greater understanding of the general population when it comes to psychedelics as medicine rather than recreational drugs (Summers et al., 2018). Beswerchii and Sisti present a foundation for interpreting language, semantics, and definitions moving forward. However, at the time of this writing, theirs is the only study strictly focused on language regarding psychedelics, which means there is risk of bias, overgeneralization, and an overall lack of further research to fully support their claims. Despite this, they present stimulating thoughts that create those who read their work to query deeper, which is important for psychedelic research and integration moving forward (Beswerchii & Sisti, 2022).

Education

Knaak et al. (2017 explained that education seems to have a significant impact on stigma particularly regarding empathy for people and their struggles, the lack of accurate information, and the reinforcing of myths that are believed rather than the drawing from research to support

efficacy and clinical use. These myths are largely fuelled by media portrayal and the poor research done in the 1950s and 60s, so overall myth-busting goes along with the lack of education and need for evidence-based information moving forward (Knaak et al., 2017). It seems that in order to de-stigmatize psychedelics, education on a structural, societal, and organizational level is necessary (Rao et al., 2019).

Strauss et al. (2016) also explained that along with the education through language, and an overall need for further training, a large barrier to education is that psychedelics are unfamiliar as medicine in psychiatry. This means the practitioners who could be utilizing them in clinical settings may not understand them either. In the clinical trials, and the few psychedelic therapy centres, set and setting (drug itself and intentions placed) are crucial to the success of the patient's experience, as well as the patient only ingesting the psychedelic at the clinic and never being prescribed it to use outside of the session (Strauss et al., 2016). This idea of taking medicine on only two to three occasions, always in the presence of medical professionals, and allowing the effects to conclude prior to leaving treatment, is currently a completely unfamiliar concept in psychopharmacology (Strauss et al., 2016). Therefore, because of this entirely different treatment protocol, education is required for practitioners to be able to understand and utilize psychedelic psychotherapy (Strauss et al., 2016). This will likely be a massive undertaking, on top of the need for education for the patient to understand the treatment (Strauss et al., 2016).

The last part of education that is important to discuss is the role that media plays in global education (Belouin & Henningfield, 2018). It is pertinent that media report data that is supported by research and balanced in both negative and positive aspects in order to create an informed understanding for the general population (Belouin & Henningfield, 2018). That is not to say that

the media provides false accounts, however it would be obtuse to say that the media does not use click-worthy titles and language that aligns with “club or rave” terms like “getting high” and “ecstasy,” or others like this (Belouin & Henningfield, 2018, p. 14). It seems clear that education plays a big role in the stigma that psychedelics hold, while it will also be essential in the undertaking of their de-stigmatization (Strauss et al., 2016). Education seems to play a role in all of psychedelics intersecting identities through interpersonal, intrapersonal, community, organizational, and structural levels (Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018).

Education impacts intrapersonal and interpersonal levels of stigma due to the lack of understanding for both individuals needing support for their mental health and the mental health professionals who provide this (Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018). It also seems to impact the organizational and structural levels of stigma due to the relatively fresh and new research on psychedelics, which means policy makers and those granting funds for research and clinical use are battling with a small research base and public opinion (Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018). This is important to consider because, historically, research takes time to complete, and when that research is battling a long-standing stigma with intersecting influences, it only makes utilizing education more difficult (Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018).

Awareness and Attitudes

Based on the literature published by Davis et al. (2022), it seems there is a large lack of awareness of psychedelics. These researchers (Davis et al., 2022) conducted a study on the attitudes and beliefs of psychedelics within 366 psychologists in the United States and found that roughly 17% believed they were unsafe, less than half believed they show promise within the treatment of mental health concerns, and yet over 80% believe they deserve further research.

This study also explained that this sample was twice as likely to warn their patients about the risks of psychedelics but would not warn their patients about the risks of current medication, which was one of the findings inferred from their survey (Davis et al., 2022). Davis et al. reported these findings as interesting due to the growing evidence that psychedelics produce little serious adverse side effects, and of those noted, many are contained to the studies conducted in the 1950s and 60s. Whereas there is growing evidence of the harmful effects of mental health medications currently on the market as gold standard treatments (Davis et al., 2022). Additionally, there are several studies that have been published that have shown "significantly reduced odds of mental health problems" with the lifetime use of psychedelics (Davis et al., 2022, p. 316). This data exemplifies the strong and lingering stigma that impacts the awareness of the applicability's of psychedelics, even amongst clinicians today (Davis et al., 2022). This shows the interpersonal, community, and organizational levels that allow awareness to impact stigma (Knaak et al., 2017; Rao et al., 2019).

Interpersonal stigma exists due to the conscious or unconscious values and beliefs practitioners hold that may influence their patient care (Knaak et al., 2017; Rao et al., 2019). The awareness they hold of their own beliefs and their awareness of psychedelics impacts how they integrate patient care, patient's needs, and their own beliefs about treatment (Knaak et al., 2017; Rao et al., 2019). Community is impacted by awareness due to the correct versus incorrect information available, provided by media portrayal (Knaak et al., 2017; Rao et al., 2019). And lastly, as previously discussed, organizational stigma is intertwined with the need for education (Knaak et al., 2017; Rao et al., 2019). These intersecting identities seem to fuel the way awareness impacts stigma and psychedelics; however, it is important to recognize the small body of research I presented here. At the time of this writing, other publications on this topic appear to

be sparse. This means that more research is needed to determine how accurate these findings are and how these implications can be utilized.

Perception of Mental Health

Mental illness on its own still has a strong stigma and those who struggle with it are often labeled by misinformation, fear, and overall misconceptions regarding symptom presentation and conditions (Summers et al., 2018). A study by Summers et al. (2018) also reported feelings of low self-worth and hopelessness when seeking support from professionals, due to the care they receive (Knaak et al., 2017). This means that mental health professionals, despite often being the most highly educated on mental health concerns, still have prejudice and stereotypes associated with mental illness that can create barriers in accessing mental health related services like treatment and counselling (Knaak et al., 2017). In turn, the treatment for mental health concerns also become associated with stigma, for example treatment like counselling, medication, inpatient care, or psychedelics (Beswerchij & Sisti, 2020).

This is understood as a double stigmatized concept, which impacts psychedelics on the interpersonal, intrapersonal, and community levels as it creates self-stigma, treatment stigma, and overall judgement and misconception (Beswerchij & Sisti, 2022; Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018). It seems that without unpacking the stigma related to mental illness, it would be very difficult to understand the subsequent stigma that psychedelics are impacted by (Beswerchii & Sisti, 2022). Due to the stigma of mental health not being truly understood, effectively implementing strategies to handle its effects are only partially successful (Beswerchii & Sisti, 2022). Overall, further research and understanding are necessary to understand how to effectively and efficiently move forward in combatting the stigma of psychedelics (Beswerchii & Sisti, 2022).

Cultural Stigma

"When the perception of the user population is primarily of colour, then the response is to demonize and punish. When it's White, then we search for answers" (George et al., 2019, p. 7).

There is a cultural aspect of psychedelic use within Indigenous communities, however the historical impact of the war on drugs also plays a strong factor for their current stigmatization (Williams & Labate, 2019). By placing psychedelic drugs into the Schedule I category—"a category reserved for drugs that are thought to offer no medical benefit and are considered highly addictive"—it created a ripple effect of state and federal laws, massive fines, and prison time up to decades long, as well as viewed users as criminals (Beswerchij & Sisti, 2022, p. 1; Ching, 2019). This is extremely important to bring attention to due to the evidence that marginalized communities, particularly POC, are overrepresented in drug charges and prison systems compared to White people (Ching, 2019). For example, Indigenous people make up roughly 3% of the total Canadian population, however they represent almost 30% of correction centres (Ching, 2019). Williams and Labate (2019) explained the implication of marginalization based on race and white supremacy faced by diverse communities seems to have impacted the perceptions of psychedelics as well, due to their association in the war on drugs. This enhanced the stigma that POC face combined with that of psychedelics making them again double stigmatized (Beswerchij & Sisti, 2022). Ching (2019) furthered this thought by explaining that this double stigmatization creates a mass cultural perception of psychedelics and their use. This reflects the mass misunderstanding of psychedelics and how intertwined psychedelics are with other stigmatized groups (Ching, 2019).

This cultural stigma has a strong intersectional identity impacting community, organizational and structural levels through misinformation, racism, policy, and law (Knaak et

al., 2017; Rao et al., 2019; Summers et al., 2018). Cultural stigma and the stigma reinforced by perceptions of mental health, seem to have a similar impact on the stigma associated with psychedelics, in terms of intrapersonal, interpersonal, and structural levels (Beswerchij & Sisti, 2022; Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018). They both hold underlying societal beliefs and judgements that are not fully understood or being effectively managed, that in turn effect psychedelics and their treatment accessibility (Rao et al., 2019; Summers et al., 2018).

Summary

Psychedelics are currently being researched for their possible uses for mental health concerns and are surpassing many researchers and clinicians' expectations (Nichols, 2016). However, there is still a strong stigma fuelled by language, education, awareness, perception, and culture that creates a barrier to their treatment accessibility (Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018). Each of these sections fuel the stigma of psychedelics through intersectionality including interpersonal, intrapersonal community, organizational, and structural levels (Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018). By disseminating the information throughout the current literature base, I have provided an in-depth understanding of stigma and how it effects psychedelics in particular, despite the small body of research available, particularly in the language and awareness sections. While those two sections seem to have suffered the most from lack of studies, it seems that the entire of body research regarding psychedelics and stigma is lacking, which means much more research needs to be done in order to authenticate these claims and provide recommendations for effectively moving forward. The next step in understanding how stigma impacts psychedelics will be how we move forward based

on this understanding to decrease the barriers, which I will discuss in implications for counselling, recommendations for future practice, and the limitations of the current database.

Implications for Counselling Psychology

Professional Attitudes

Hearn et al. (2022) estimated that the field of psychedelic-assisted therapy is projected to be worth around 7.6 billion dollars in the USA by 2028, which suggests that the mental health professionals involved in it hold a significant part in developing and responding to its needs, including that of naturalistic psychedelic use (Yockey et al., 2020). This is important to note as we begin discussing attitudes amongst professionals as this field evolves and their duty to their client's needs evolves with it (Aday et al., 2020; Hearn et al., 2022). King and Hammond (2021) also stated that based on the current evidence and the rate of research being conducted, it is expected that both MDMA and psilocybin will receive FDA approval outside of clinical trials, within the next 2 to 3 years. Research on psychedelics continues to grow, and their overall net worth and interest follows; the professionals who are involved in this work or adjacently involved, will be essential to providing support where needed (King & Hammond, 2021).

A professional's attitude toward treatment of any kind impacts their willingness to work with or even their ability to refer clients for certain treatments (Hearn et al., 2022). This is important to address because if a professional treated all their clients based on their attitudes and opinions, it would be seen as unethical, yet they still influence everything they do (Hearn et al., 2022). This places psychedelics in a difficult position due to the stigma they are associated with that may impact a professional's attitude toward their use (Hearn et al., 2022). It also impacts the clients who seek out psychedelic-assisted therapy and the subsequent support or lack there-of from the professionals they seek referrals or information from (Hearn et al., 2022). Something

proposed by Hearn et al. (2022), based on their study on attitudes of mental health professionals, guided by the work of Davis et al. (2021) and Barnett et al. (2018), was the idea that it is plausible that negative perceptions of psychedelics still exist amongst them due to them treating the severe negative consequences of psychedelic use including HPPD. It is understandable to have negative perceptions of something when you only see the negative side effects or treat the most severe cases (Hearn et al., 2022). However, if professionals only acknowledge that side of psychedelics, and base their attitudes around that, they are severely lacking in understanding what research has found cause these severe effects (Hearn et al., 2022). We have since learned that by placing intention on the set and setting in psychedelic experiences, and using stringent inclusion and exclusion criteria, negative side effects can be mitigated effectively (Hearn et al., 2022).

It is important for professionals to recognize other aspects that may be impacting their attitudes like the history of psychedelic research and recreational use, as well as the counter-culture movements (Hearn et al., 2022). It is also important to address any attitudes they hold if they use psychedelics themselves and how that may bias them as well (Barnett et al., 2018; Davis et al., 2021; Hearn et al., 2022). If professionals only allow their attitudes and beliefs to be influenced by one aspect of anything, they are not seeking evidence to inform themselves and their practice (Hearn et al., 2022). This is an important implication for working with psychedelics particularly regarding stigma due to the plethora of conflicting attitudes within mental health professionals on their clinical use and why these attitudes exist (Aday et al., 2020; Hearn et al., 2022; King & Hammond, 2021; Yockey et al., 2020).

Education

Education and awareness are vital to deconstructing the stigma associated with psychedelics as they promote accurate information, enhance safety, support evidence-based practices, foster acceptance, and support in training healthcare professionals to further empower their clients to make informed choices about their care (Hearn et al., 2022). It seems that education and awareness flow through all areas of care including the possibilities of psychedelics and mental health treatment (Hearn et al., 2022). When there is a lack of knowledge, specifically related to stigma, professionals are less likely to refer clients to particular treatments, but also to work with clients engaging in controversial treatments (Hearn et al., 2022). This creates a significant barrier to care if professionals are impacted by a lack of education and awareness which places their clients at a disadvantage to care (Hearn et al., 2022). This may be addressed by providing evidence-based education to professionals both in school and in continuing education (Hearn et al., 2022). Hearn et al. (2022) explained that currently, psychedelics may be discussed in psychopharmacology or substance abuse courses, but this does not support in de-stigmatization efforts, especially considering the published research often explaining them to give mystical-type experiences (Walsh & Grob, 2006). Some researchers propose psychedelics should be addressed in transpersonal counselling or spirituality courses in order to reject stigmatized perspectives (Hearn et al., 2022). King and Hammond (2021) also advocate for higher level change within academia and curriculum regarding misinformation, stigma, and perception change, especially considering the possible upcoming FDA approval and steadily growing evidence base. This may begin to create informed perspectives of clinicians entering the word of mental health and medicine but still only addresses a small section of stigma and its clinical implications (King & Hammond, 2021). King and Hammond argue for more

involvement by professionals, researchers, and clinicians in advocating for change regarding education of psychedelics, as the lack of understanding is creating barriers and clear implications for clients. This is also important to consider as people may reach for psychedelics to support their mental health prior to their availability in clinics or acceptance to a psychedelic-assisted therapy program, and clinicians need to have evidence-based information to share with clients regarding education and harm reduction, like any other substance or behaviour (King & Hammond, 2021).

Mental Health

Based on the research presented thus far, it appears the stigma associated with psychedelics is strongly associated with the stigma of mental illness (Jorm, 2012). Jorm (2012) presented an interesting paradox: for diseases, and overall health, there are widely known and accepted prevention and interventions such as eating well and the impact it has on our bodies, signs and symptoms of cancer, the link between safe sexual practices and sexually transmitted infection prevention, etcetera. But this vastly contrasts to the global situation of mental illness, where generally, people suppress their symptoms, avoid seeking support, and are overall suspicious of treatments (Jorm, 2012). Jorm summarized data found from the last 15 years in the USA, regarding the length of time between the onset of mental health concerns to when treatment was received and found a range of 1 to 30 years between these dates. This is alarming evidence to show that mental health is continuously overlooked and lacking education for the public and clinicians (Jorm, 2012). Jorm further explained that stigma is a likely cause of this, along with other factors like barriers to seeking treatment or lack of access to treatment in general. It seems a clinical implication of stigma is having open and honest conversations with your clients, friends and family, and the greater general population to make it safer to discuss

mental health and other stigmatized or controversial topics like psychedelics (Jorm, 2012). As previously discussed, education and awareness seem to both allow for the stigmatization of mental illness and psychedelics, while also being an agent of de-stigmatization (Jorm, 2012). In this case, professionals are required to actively discuss this with their clients, as it has the ability to highly impact their care and wellness (Jorm, 2012). It is important for all mental health professionals to have the skillset and vocabulary to discuss all treatment options in order to uphold principles of client-centred care and access to whatever treatment their client feels are the best fit for them (CPA, 2017; Jorm, 2012).

Barriers & Policy Change

King and Hammond (2021) synthesized the current literature on psychedelic-assisted therapy, psychedelic history, and the implications moving forward. They concluded that the current scheduling of psychedelics perpetuates the stigma leading to conscious and unconscious bias by clinicians and the greater public. It is important that research has high standards for the quality and quantity of knowledge being produced, like strict ethical considerations and study design protocol (King & Hammond, 2021). However, the scheduling of psychedelics reinforces barriers, by placing unrealistically high standards on psychedelic research (King & Hammond, 2021). For example, psychedelic studies need to include proposals and requests to agencies like the United States Drug Enforcement Administration (DEA) and Health Canada to have access to the scheduled drugs, which is an added step that can cause significant delays that further researchers' progress to understand psychedelics for clinical use (DEA, 2018; Health Canada, 2022. This prevents researchers from unlocking the potential of these compounds through larger sample sizes, varying designs, and other factors that the current studies are missing (King & Hammond, 2021). These barriers further enable stigma, counterculture, and the overall

misinformation regarding psychedelics (King & Hammond, 2021). King and Hammond argued that the medical, psychiatric, and clinical community needs to do more in advocating for change in law regarding psychedelics to allow their research to deepen and open possibilities for the future. King and Hammond also discussed the implications of criminalization and discrimination. If we do not recognize how stigma is impacted by the continued criminalization of psychedelics and their use by Indigenous people, we are continuing and enabling the "legacy of colonial and western-centric suppression" (King & Hammond, 2021, p. 192). King and Hammond, illuminate the discriminatory nature behind the scheduling of psychedelic drugs and the war on drugs as a whole and the importance in not making the same mistakes of the past. Overall, King and Hammond advocate for the need for current policy to change as it acts as a major barrier for psychedelics and fuel for their stigma and overall discrimination.

Theory & Practice

Early psychedelic research had deleterious effects on the participants and the reputation of research in this area (Anderson et al., 2020). This is why it is paramount that the present-day psychedelic renaissance places the development of safe and consistent principles for research and counselling at the forefront of its focus (Anderson et al., 2020). Canady (2021) explained that therapists involved in psychedelic-assisted therapy do not have a therapeutic modality attached to their work currently, which may lead to a lack of clinical utility and increase the potential for harm. Therefore, they proposed a modality called psychedelic harm reduction and integration (PHRI), which is fuelled by education on psychedelics, how to safely use them, and the importance of integrating the psychedelic experience with therapy sessions following ingestion to process (Canady, 2021; Gorman et al., 2021). The PHRI model also has a significant focus on informed consent, the importance this holds within psychedelic therapy, and the overall need for

more specific guidelines to inform professionals and their clients (Canady, 2021; Gorman et al., 2021). This model is also recommended for use outside of therapy sessions and work with psychedelics in general (Canady, 2021). Canady further stressed the importance of consistency within psychedelic-assisted therapy to work towards de-stigmatization through the consistent ways professionals work within this field. By having consistency within psychedelic-assisted therapy, and the discourse and dialogue used to discuss and explain them in the clinical setting, it is more accessible for clients, the media, and other professionals in a collaborative team (Canady, 2021; Gorman et al., 2021). This would enable clarity for clients through transparent information, accurate portrayal by the media as it has a significant impact on shaping public opinion, and standardization and quality control based on evidence to further educate professionals, and overall, advance the field of psychedelic scientific research and our understanding on mental health (Canady, 2021). This specifically relates to the barriers language creates regarding the inconsistencies within the literature and therapy, which adds to the lack of understanding and stigmatization (Beswerchii & Sisti, 2022; Canady, 202). By creating consistency amongst language and the theory guiding psychedelic therapy, stigmatization seems to be greatly affected (Canady, 2021).

Canady (2021) explained the limitation within psychedelics regarding the lack of practice guidelines and emphasized that harm reduction is an important aspect of the clinical implications due to the possible harms with any substance being ingested. There are risks as to how the body and mind will respond and having the proper controls for this is essential (Canady, 2021). Canady reflected much of what Phelps (2017) explained regarding competency within psychedelics and how this will impact stigma. Phelps recommended six competencies that are recommended for therapists working within the field of psychedelics, and consequentially the

stigma that comes with them: empathetic abiding presence, trust enhancement, spiritual intelligence, knowledge of the physical and psychological effects of psychedelics, therapist self-awareness and ethical integrity, and proficiency in complementary technique.

Empathetic Abiding Presence

Empathy is essential in any therapeutic environment and has been universally recognized within the world of psychology (Phelps, 2017). Phelps (2017) coined *abiding* to convey the importance of a calming presence during a psychedelic experience, as well as "patience, openness, and trust in the processes of unfolding" (pp. 11–12). Empathy seems particularly important in terms of addressing stigma due to the necessity of informed conversations regarding education on the benefits and harms of using psychedelics for healing and the empathy involved in advocacy and lobbying for change through policy (Phelps, 2017).

Trust Enhancement

Competency two is trust enhancement, which is the client's ability to trust their therapist fully (Phelps, 2017). Trust in recognizing their therapist as a guide, trust in their own ability to heal, and knowing there will be unexpected and difficult processing as a result of psychedelics' inclusion in therapy (Phelps, 2017). This relates to stigma due to the trust clients place in their therapist to guide them toward healing despite the risks and perspectives associated with psychedelic use (Phelps, 2017). Having this strong therapeutic relationship with their therapist, and trusting they are also guided by science, research, and have their client's best interest in mind (Phelps, 2017).

Spiritual Intelligence

Competency three is spiritual intelligence, which entails being educated on mystical experiences, spirituality, religion, and being able to deeply commit to this experience alongside

their client (Phelps, 2017). This impacts stigma through education that using psychedelics is not "using drugs" haphazardly, but rather turning inwards to yourself and exploring the vast realms of your consciousness in efforts to heal deeply wounded pieces of us, which is the essence of therapy in itself (Phelps, 2017).

Physical & Psychological Effects

Competency four includes understanding the physical and psychological effects of psychedelics, including their anthropological origins and uses, neuropharmacology, and being able to create a safe place for someone to experience their effects in a safe and positive manner (Phelps, 2017). Phelps (2017) explained this as "the need for guides in psychedelic-assisted therapy to have an in-depth, theoretical, and experiential knowledge of the cross-cultural roots of the global use of plant medicines," as well as the current best practices (p. 17). This relates to the intersectional identity of stigma and psychedelics, due to their connection to Indigenous groups who are among the most stigmatized peoples which makes psychedelics also stigmatized (Williams et al., 2020).

Self-Awareness & Integration

Competency five involves a therapist's own self-awareness and integrity (Phelps, 2017). This includes safety for their participants, boundaries, self-care, transference, and personal motives for being involved in psychedelic work (Phelps, 2017). This is essential to de-stigmatization to ensure it is rooted in facts and research rather than personal experience or opinion, as explained previously regarding professional attitudes (Hearn et al., 2022; King & Hammond, 2021; Phelps, 2017).

Proficiency in Techniques

Competency six includes proficiency in techniques like somatic experiences in therapy, sensation focusing, integration, and sensorimotor therapies (Phelps, 2017). This is important for de-stigmatization because those involved in psychedelic therapies need to be competent as therapists first and understand the intricacies prior to being involved in such a new and emerging field of healing (Phelps, 2017). Education and awareness are respected when experienced, well-rounded, and well-researched clinicians are involved in psychedelic work (Phelps, 2017). Phelps (2017) outlined these principles as they recognized the lack of consistency in psychedelic therapy, and Canady (2021) furthered this by explaining a possible modality for professionals to work within to create safety, however, much more needs to be done to truly understand the clinical implications this lack of consistency creates.

Ethical Considerations

The current findings from psychedelic research give much enthusiasm for clinicians in hopeful treatments, however for psychedelic research to continue growing, sustainability and safety need to be the research community's top priority (Anderson et al., 2020). Psychedelic medicines carry an intersectional risk-benefit profile, and even the most researched practices in safety may have their downfalls, which is why developing a rigorous safety protocol for psychedelic medicine and those who access it will be essential (Anderson et al., 2020). "Researchers and health-care providers have an ethical duty to mitigate the risk of repeating errors in judgment that curtailed early progress in psychedelic science" (Anderson et al., 2020, p. 2). If researchers do not properly address how stigma impacts psychedelic use, and by not implementing structures to de-stigmatize psychedelic use, research runs the risk of reinforcing archaic stigmatizing narratives on the use of psychedelics in treatment (Anderson et al., 2020, p.

2). Nielson and Guss (2018) further explained that a key component to addressing stigma and ethics within psychedelic research is the inclusion of intense self-awareness and a nonjudgemental attitude, which intersects with the ideas previously proposed regarding theory and practice.

Two more ethical considerations, proposed by Anderson et al. (2020), are the need for informed consent by participants and clients, and competency of practitioner or counsellor. Informed consent is vital to the participation in psychedelic-assisted therapy due to the unknown nature of how a body may react to such substances and the possibility of a poor therapeutic experience (Anderson et al., 2020; CPA, 2017; CAP, 2019, 2022). Competency is essential due to clinicians needing extensive training and understanding of psychedelics and how they impact people, and what is needed to support set and setting and those undergoing a psychedelic therapeutic experience (Anderson et al., 2020; CPA, 2017; CAP, 2019, 2022).

Psychedelic Participation as a Professional

There has been much discussion in the psychedelic community regarding a clinician's own experience using psychedelics prior to being involved in psychedelic-assisted therapy (Neilson & Guss, 2018). With this comes concern of, if they have experimented with psychedelics, are they still able to be objective and free of bias as someone’s therapist—just like the query of therapists undergoing therapy before being therapists themselves. Conversely, if they have not experimented, are they able to be as empathetic and effective in supporting someone through a psychedelic experience (Nielson & Guss, 2018)? This is also important to bring attention to because there has been association with psychedelic use and ego dissolution and grandiosity, which seems to wane over time, but this effect may impact a professional's ability to critically think about psychedelics and if their patient would be a good fit for this

therapy (Anderson et al., 2020). This is why professionals with years of experience within psychedelics will be important to guide newer professionals entering this world (Anderson et al., 2020).

Use by therapists is an interesting consideration because it asks professionals to come clean about their psychedelic use, prior to it moving to a more accepted model which is a risk factor for their careers and social desirability (Anderson et al., 2020). This is directly related to stigma and criminalization due to the clinician's confidence in reporting their use of psychedelics, and the possible outcomes of this (Anderson et al., 2020). Several questions that may challenge their competency could arise such as: Will their professional perception by the public, their patients, or other professionals change? Will their ability and competency be questioned? What about using psychedelics brings into questions a person's morals and capabilities? Clinicians who do admit to using psychedelics are risking their image, possibly their livelihood and respect in their respective field (Anderson et al., 2020). But without transparency regarding their own use of psychedelics, are they missing out on another professional avenue to support people with mental health concerns and learning from other therapists, especially if having used psychedelics is determined as a prerequisite to working with psychedelics in therapy. Stigma infiltrates these aspects of competency, perceptions, and awareness, and it is important that professionals are protected in sharing vulnerable parts of themselves and that subsequent patients of this prospective therapy are protected from risks, but also the stigma in being part of treatment with so many barriers (Nielson & Guss, 2018).

There is argument both for and against therapists having their own psychedelic experiences, and it is recommended that further qualitative research is done to determine practices moving forward (Neilson & Guss, 2018). Qualitative research is the preferred

methodology in this area because of the insights it can provide for the experiences, perspectives, and cultural components that are impacted by using psychedelics as a professional (Neilson & Guss, 2018). At this time, there is no mandate that therapists involved in psychedelic-assisted therapy have prior psychedelic experience (Neilson & Guss, 2018). However, the MAPS program in the USA do support their therapists in psychedelic experiences during training if the therapists wish (Nielson & Guss, 2018). Unlike Western training programs (with the exception of MAPS), training programs in Europe do require therapists to have previous psychedelic experience and recommend the USA to follow their mandates as they have seen success in implementing this approach to training and subsequent clinical use (Nielson & Guss, 2018). Although a potentially positive experience, in order to increase therapist understanding of the experiences, it brings into question the clinicians right to autonomy and could therefore put them at risk of discrimination if they are excluded due to personal choice to engage (CPA, 2017; CAP, 2019, 2022). At this time, researchers are encouraged to "cultivate an image of cautious, respectable, conscientious, and sober scientists" due to the notions of psychedelics being attached to counterculture movements and previous research mistakes (Nielson & Guss, 2018, p. 8).

Recommendations for Practice

Consistency Within Language

Psychedelics are often referred to as hallucinogens, but this does not capture the true extent of their effects and does not include the psychedelics that do not produce hallucinogen effects (Johnson et al., 2008; Michaels et al., 2018). However, using the term psychedelics comes with a long history of stigma and counterculture movements that they are often looped in with it (Johnson et al., 2008). Other specific names like empathogens only apply to certain psychedelics

like MDMA (Johnson et al., 2008). This makes naming them incredibly difficult, and the community needs to come together to determine the most effective and accurate nomenclature, while still capturing their uses (Johnson et al., 2008). Inconsistent vernacular creates a gap in research and overall understanding (Johnson et al., 2008; Michaels et al., 2018). Johnson et al. (2008) and Michaels et al. (2018) highlighted the importance for consistency amongst clinicians and researchers to de-stigmatize psychedelics and the need for the community to come together to make this happen. This means professionals need to remain abreast of the most up-to-date research to ensure they have the most current information and education to support their clients (Michaels et al., 2018).

Clinical Recommendations

It appears that the overall well-being of society is being impacted by mental health concerns, and the need for effective treatments is clear (Yaden et al., 2021). And with treatment there is always risks and benefits to weigh, and ultimately it is the person's right to choose based on informed consent (CPA, 2017; CAP, 2019, 2022; Yaden et al., 2021). Yaden et al. (2021) explains that less than 1% of participants within the psychedelic renaissance of literature report lingering negative effects, and roughly 90% report it has positive impacts on their lives. It appears it may have less to do with the risks and benefits, and more to do with bias and stigma as to what stands in the way of psychedelics being used to support people (Yaden et al., 2021). This is important to understand as more research is published regarding the safety and risks of psychedelics, as well as the stigma associated with them (Yaden et al., 2021). It is also important that professionals maintain current with publications and announcements by the FDA and the CPA, and whichever governing body they belong to, to understand approvals to ensure they understand the implications of their own regulations (Yaden et al., 2021). Yaden et al. also

stressed the importance of educating clients based on the research, creating a nonjudgemental and safe place free of bias, using inclusive and empowerment-based person first language, and collaborating with multidisciplinary teams as work with psychedelics is not independent.

Ethical Recommendations

College of Alberta Psychologists

As with any scientific knowledge, ethics should be the centre of discoveries and implementation and there is a plethora of ethical considerations when working with psychedelics. To discuss them all is beyond the scope of this paper. However, there are a few key ethical considerations that are important to note. Within most of the literature, there was reference to psychologists as the treating professional. In the province I reside, psychologists are governed by the College of Alberta Psychologists (CAP).

CAP (2019) practice guidelines address the importance of informed consent, which has been echoed throughout much of the research I have presented. The role of informed consent is to ensure both the psychologist and client understand the risks and benefits in creating a therapeutic relationship, especially if that includes psychedelics (CAP, 2019, 2022). This requires the professional to fully understand all aspects of treatment and in turn be able to educate their client without bias or coercion (CAP, 2019, 2022). This also requires the client to be informed about what they are consenting to and the possible risks and benefits that come with this (CAP, 2019, 2022). Informed consent is an incredibly important aspect of anything therapeutic as it protects the client from engaging in something they do not feel is the best fit for them, and the professional's duty is to respect their autonomy in that decision (CAP, 2019, 2022). There are inherent risks to any treatment, and with a treatment like psychedelics that involve so many unknowns, informed consent is essential to the safety of the client, and it is the

psychologist's duty to ensure their client is informed (CAP, 2019, 2022). This requires them to provide bias-free education based on evidence supported by research, and if a professional is unable to do this, it is their duty to refer their client to someone more informed and skilled in this area (CAP, 2019, 2022). This is essential to working with psychedelics because of the stigma attached to them and how those manifest within individuals. Just like everyone else, professionals have the right to hold their own opinions. However, it is crucial that their opinions do not impact their interactions and work with clients and collaborative teams, which is explained by the judgement and bias-free mandate of CAP (2019), and many other regulatory bodies, and it is essential that professionals uphold this (CPA, 2017).

Canadian Psychological Association

A regulatory body applicable to psychologists throughout Canada is the Canadian Psychological Association (CPA, 2017). They outline ethical principles to guide safe practice for professionals and protect the people seeking psychological support (CPA, 2017). They are yet to publish practice guidelines for those involved in psychedelic treatments but based on the research and recommendations a few considerations seem clear (CPA, 2017).

Principle I: Respect for the Dignity of Persons and Peoples. Principle I aligns with informed consent (CAP, 2019, 2022) as it explains the individual deserves complete autonomy in decision-making in regard to their care and their professionals need to respect that dignity (CPA, 2017; Yaden et al., 2021). This is important to understand and uphold when working with any approach that may be impacted by stigma, due to the intersecting attitudes and biases that may impact the way in which psychologists work with their clients (CPA, 2017). It is essential that bias does not intrude on the care psychologists provide their clients, as that would be seen as

unethical, which means deep self-reflection and awareness is necessary to ensure ethical standards and principles are being upheld (CPA, 2017; Yaden et al., 2022).

Principle II: Responsible Caring. Principle II includes a risk/benefit profile where professionals need to analyze the possible outcomes for their client and maximize the benefits while minimizing the harms (CPA, 2017; Yaden et al., 2021). This is important because while there are risks to inclusion in a stigmatized and new treatment, there are also benefits, and having the competency to critically think about the possible outcomes and what your client wants their care to entail is upholding this principle (CPA, 2017; Yaden et al., 2021). The research clearly shows success for participants with treatment resistant conditions, but are the risks worth it (Yaden et al., 2021)? And if they are, is it ethical to withhold successful treatment due to lack of access and barriers fuelled by stigma (Yaden et al., 2021)? These are questions professionals need to ask themselves when stigma is involved to ensure they are acting in ethical ways (Yaden et al., 2021). Especially as psychedelic therapy creates greater discussion and opportunity for treatment, there will still be risks to consider, and being able to utilize Principle II to ensure psychologists are providing the highest standard of care, while also ensuring safety for their clients, will be essential (CPA, 2017; Yaden et al., 2022).

Principle III: Integrity in Relationships. Principle III emphasizes the focus on providing accurate, objective, and bias-free care (CPA, 2017). The topic of psychedelics can stir many opinions within people, and ensuring your care is not biased by your own opinions or experiences ensures you are acting ethically (CPA, 2017). This can be difficult to navigate if you have a strong opinion of any treatment or way of working, but it is especially important to consider regarding stigmatized topics as psychologists may be unconsciously influenced (CPA, 2017). This is why actively taking part in further education and keeping up with the most up to

date research is essential when understanding and working within psychedelic treatment (Yaden et al., 2022). However, even without direct involvement, it is a psychologist's duty to provide options to treatment that meet their client's needs, despite their own opinion of it (CPA, 2017). Stigma creates many biases and understanding how we are impacted by them is essential to providing informed care (CPA, 2017).

Principle IV: Responsibility to Society. Lastly, Principle IV includes the importance in research and developing knowledge and innovation in how we work with people, while also ensuring the people we care for are held to the highest standard of care (CPA, 2017). Scientific knowledge and innovation have long been essential for psychological advancement, and psychedelic knowledge and how stigma impacts them seems to open doorways as to how we work with people and how we understand mental illness (Yaden et al., 2021). But the individuals effected by this research always need to come first (CPA, 2017). This means placing the needs of our clients above the needs of society and ourselves (CPA, 2017). If we are an advocate for psychedelic medicine, it may seem right to discuss and refer many clients to psychedelic treatment, as this upholds Principle IV, however that does not mitigate our bias or take our clients' needs into consideration (CPA, 2017). This is why reflection, awareness, education, and seeking supervision is so important when caring and advocating for the care of our clients (CPA, 2017 CAP, 2019, 2022; Yaden et al., 2022). When working within the realm of psychedelics and stigma, understanding, and upholding these principles is essential to the care of our clients in ensuring we are providing ethical treatments, unbiased by our own opinions and rather guided by evidence-based research (CPA, 2017; Yaden et al., 2021).

Fundamental Next Steps for Research

Stigma

There is a lack of research on the stigma of psychedelics, and much more is needed to grow our understanding (Kurtz et al., 2017. Education is a key component to de-stigmatization, but little is known on what kinds of education are most impactful for change (Davis et al., 2022). Davis et al. (2022) explained that based on their study of psychologists' attitudes on psychedelics, further research is needed to understand the best way to educate professionals on their stigma. They also explain that it appears much of the stigmatization of psychedelics stems from the harms believed to be associated with them, when studies have determined that they are the least harmful of drug substances (Davis et al., 2022). Further research is needed to educate professionals including psychologists to aid in de-stigmatization efforts (Davis et al., 2022). Beswerchij and Sisti (2022) echoed the need for more education, specifically regarding language that enable stigmatization. There is also a need for further research to understand how policy, regulation, and clinical applicability are impacted by stigma, and how this can be addressed to advance research (Belouin & Henningfield, 2018).

Rao et al. (2019) echoed the need for multilevel stigma intervention studies to address policy, institutional, and organizational level change. Knaak et al. (2017) explained this will also be more important to address for future studies regarding the stigma of mental health because without addressing the intersectionality of stigma, we are leaving a large gap in research. Lastly, Summers et al. (2018) advocated for an overall need of more research to understand what stigma is exactly, because our understanding now is so broad and interdimensional. They hoped that by future research efforts to understand stigma, we may open doors to understand between and within-group stigma and how that impacts treatment accessibility across mental health (Summers

et al., 2018). These curiosities reflect the overall need for more research to be done in order to fully understand stigma and its implications (Kurtz et al., 2017).

Non-Subjective Psychedelics

There is discourse within psychedelic research inquiring about the subjective effects of psychedelics themselves, for example the impacts on consciousness, perception, and others (Yaden et al., 2022). Yaden et al. (2022) queried if the therapeutic effects of psychedelics only occur due to the subjective experiences or will they still occur without the subjective experiences? For example, could scientists create a form of medicine that, when ingested, creates the healing effects of psychedelics without the side effects like hallucinations, euphoria, etcetera? Or are the side effects necessary to the healing that psychedelics enable? This brings about the idea of non-subjective psychedelics (Yaden et al., 2022). Managing subjective experiences is no easy task, which is why teams of medical and mental health professionals are necessary to mitigate any challenging experiences (Yaden et al., 2022). The challenging experiences are what create the risks within psychedelic use and if this is eliminated, access to them may be more readily available and in turn less stigmatized due to less fear of a bad trip (Yaden et al., 2022). If we could create substances that allow for neural plasticity without the subjective effects it would also open up treatment for people with genetic factors (psychotic disorders) who are excluded from current studies (Yaden et al., 2022).

However, researchers have explained that the subjective experiences of psychedelics are necessary to their therapeutic elements, so taking that experience away may make psychedelics useless within therapy (Yaden et al., 2022). There are also ethical considerations if patients do not need supervision upon using non-subjective psychedelics (Yaden et al., 2022). The research thus far emphasizes the importance of meaning-making and reflection with a therapist during and

after the psychedelic experience which could be eliminated without the subjective effects needing supervision (Yaden et al., 2022). There is already a lack of importance given to a person's lived experience and more importance given to chemical processes that mean someone "should" feel better (Yaden et al., 2022). Without integrating the two, there is a gap in healing and a lack of cultural competency (Yaden et al., 2022). Especially with the spiritual and cultural connection fostered by psychedelics, and the need for Western medicine to recognize the importance of all aspects of a person's life rather than "fixing" (Yaden et al., 2022). This creates an interesting ethical dilemma due to the risk involved within the subjective experiences, or the lack of therapeutic use at all without them (Yaden et al., 2022). This query deserves much more research, as it is plausible that the stigma of psychedelics may lessen if the subjective experiences are eliminated (Yaden et al., 2022).

Study Design

There have been 53 published studies since 2006 (with 74 currently being conducted) focused on psychedelic treatment possibilities and only 10 studies in phase three and four clinical trials with humans (Kurtz et al., 2017). This is plausibly due to the financial burden of phase three and four trials and the need for larger scale industry to fund these (Kurtz et al., 2017). The results of early phase clinical trials are clearly yielding what researchers believe are exciting results; however, it is important to still remember the risks (Sellers et al., 2018). The clinical trials are highly controlled experiments with specialized medical and mental health professionals there to support any needs of the clients, in preparation for any adverse effects (Sellers et al., 2018). The participants also have been carefully selected, which makes the results less generalizable especially considering the risks posed when using psychedelics in uncontrolled or unsupervised settings with higher doses (Sellers et al., 2018). At this time, researchers like Kurtz

et al. (2022), Michaels et al. (2018), and Sellers et al. (2018) recommend larger sample sizes, inclusion of diverse populations, and double-blind placebo-controlled randomized designs to allow for the results to be more generalizable. However, they recognize that due to bias, stigma, and overall lack of acceptance of psychedelic drug use, psychedelic researchers are forced to have extremely small sample sizes which creates a lack of generalizable results (Kurtz et al., 2017; Michaels et al., 2018; Sellers et al., 2018).

Comparative Studies & Substance Abuse

There seems to be a lack of comparative studies looking at which psychedelics show great efficacy for specific concerns (Kurtz et al., 2017; Sellers et al., 2018). Sellers et al. (2018) queried if comparative studies may shed light on the effectiveness of each psychedelic respective to the mental illness it is being used to treat, for example studying both psilocybin and MDMA and their impact on anxiety specific concerns, to gain a greater understanding of which psychedelic is best at treating what types of symptoms and presenting concerns (Kurtz et al., 2017; Sellers et al., 2018). Kurtz et al (2017 also explained that as the rates of addiction and overdose continue to steadily rise, there is a query if psychedelics may aid in the treatment of substance abuse and further studies are necessary to determine this possibility. This is a major gap in psychedelics research as roughly 70,000 Americans die of drug overdose yearly, and that number is increasing, which means the need for effective treatment is clear (Kurtz et al., 2017).

Toxicology

It is important to recognize that despite the rapid rate of psychedelic studies happening, there is still a need to further establish the safety of them (Kurtz et al., 2017). This is due to the Schedule I status of the drugs creating barriers for further understanding, and potential therapeutic use, due to the legal limitations and restrictions this places on research (DEA, 2018;

Health Canada, 2018; Kurtz et al., 2017). Both the DEA and Health Canada have strict policy on accessing Schedule 1 substances, which means researchers have to work much harder to begin their research including drafting proposals and receiving approval from not only institutional and ethical boards, but also national health and safety board's depending on their geolocation (DEA, 2018; Health Canada, 2018). It is important to recognize that drugs have the ability to heal or to cause harm via abuse, and even though psychedelics are currently viewed as the drug class with the least adverse side effects for treating mental health concerns, modern safety standards and research are necessary to further understand their toxicology, biology, and long-term effects (Sellers et al., 2018; Williams et al., 2020). If we are able to better understand their molecular identity and how their mechanism of action works, we would be able to better educate people on their effects, which will be essential for research to continue (Kurtz et al., 2017).

Inclusion, Diversity, & Culture

A limitation throughout all psychedelic research currently is that the majority of studies are taking place in the United States, with predominately White populations (Kurtz et al., 2017). This means cross-cultural and worldwide experiences and perspectives are not taken into account, as well as the lack of diversity being represented within the studies (Kurtz et al., 2017). Despite the abundance of research taking place to understand the uses of psychedelics in treatment of various mental health concerns, there is still a severe lack of research in their cross-cultural applicability's (Williams et al., 2020). The research thus far is solely rooted in the Eurocentric medical model of health and wellness which lacks inclusive aspects of culture and spirituality. In order for these treatments to be meaningful and accessible for people of all backgrounds, inclusivity is necessary (Williams et al., 2020). This is understood as "white washing," despite psychedelics Indigenous roots, which is inherently harmful to the cultures they

have been involved with for centuries, and the cultural meaning and spirituality attached to them and their use that the medical model does not address (Michaels et al., 2018, p. 11).

Michaels et al. (2018) created a comprehensive experiment review, in the USA, of the current base of psychedelics and the inclusion of diverse peoples within these. They found a vast difference in the inclusion of POC versus White people, and of 200 studies, a range of 2%–20% of participants were POC which is not representative of the population which shows about 40% of the population in the USA are POC, and does not allow for generalizability (Michaels et al., 2018). Furthermore, research shows that POC struggle with mental health concerns more than White people, which means effective treatment showcased through diverse samples is necessary (Michaels et al., 2018). Michaels et al. (2018) explained that this may be due to the trauma inflicted by racism and discrimination. Of the POC involved in psychedelic research, Black people are represented the least, including amongst the researchers conducting psychedelic studies (Williams et al., 2020). Williams et al. (2020) queried if this lack of involvement has less to do with interest, and more to do with stigma related to higher incarceration rates regarding drug related charges, overall racism, and discrimination towards their interest in drug use, therapeutic or otherwise. The long history of racism within research leaves a lasting cultural memory, and it is important that researchers actively include diverse populations (Kurtz et al., 2017; Michaels et al., 2018; Williams et al., 2020). The current research features professionals who are skilled in treating related concerns, but in order to utilize psychedelics on a larger scale, a practical psychotherapeutic model is needed to support therapists worldwide hoping to enter this world, which was echoed by the work presented by Sellers et al. (2018).

Reflexive Self-Statement

Reflection

Throughout this Capstone research project, I learned that the stigma of psychedelics is intersectional, and it feels like I barely scratched the surface as to what this truly means. And to be honest, I had no idea what I would find upon starting this research, but I am glad my passion led me here. I am proud of myself for keeping my bias from impacting my writing and actually allowing myself to learn rather than my own voice taking over. I am grateful to have an instructor who kindly called me out when my voice was taking over, which forced me to reinfuse how ethics guided the way I wrote on a topic I feel so passionately about. It reminded me how to be an ethical professional when learning about something that caused me to have a personal reaction of advocacy and passion. I managed this by staying rooted in the ethical principles I have outlined and by journaling when I felt like my voice was taking over. I also cried my heart out and poured that and my blood, sweat, and tears into this project because I am passionate about it, but I also have a zest for learning, and I wanted to emulate that in this piece of writing.

A key takeaway for me will be how early in the research psychedelics are, and even though they are being implemented (rarely) in some mental health clinics, they still have a long way to go. With that being said, that means mitigation of bias will continue to be important for me to control as this research grows and as its implementation continues. Another takeaway for me is how passionate I am about counselling, the care people receive, and the innovation that psychology holds. This will continue to fuel how I work with people and how I learn to be a competent and ethical professional.

Ethical and Cultural Considerations

I learned that I am very passionate about the treatment of people in research; when reading the unethical studies done in the 50s and 60s, I struggled reading about the studies done without consent, and the outcomes associated with this like long-term effects, and overall distrust in science. I had to put away the research at times and watch mindless television so I could check out because I was so triggered by how poorly people were treated. This also happened as I read about how the stigma of psychedelics seems to be so influenced by its intersectional identity with vulnerable populations like those with mental health concerns and Indigenous communities, and how discrimination seems to be so intertwined. I recognize that this highlighted values of mine regarding celebrating differences, connection to culture, and anti-oppressive measures. Reading some of the unethical practices of early research on psychedelics had me feeling angry and sad but it further fuelled my desire to dive deeper into understanding the history and practices that led to stigma that still exists today.

Something else I had a reaction to when reading the studies on psychedelic-assisted therapy was the participants abilities to give themselves over to the experience so willingly despite the fear of the unknown in taking the psychedelic. No one truly knows what kind of experience a person may have under their influence and the bravery of participants to give themselves over is incredible. This also made me think…maybe they were fearless because they were already in so much pain from their mental health, as if: “what could be worse?” So maybe they were not brave or fearless, but rather apathetic? This is terrifying all on its own that people are so desperate for support they would try anything. This made me have a strong bias towards harm reduction because if people are willing to try anything to make their pain stop, they may be at risk for using substances that they think are psychedelics but are not or using psychedelics

without ensuring their safety first. I have worked in many harm reduction settings, and I have seen the safety they create within experiences and behaviours that are inherently dangerous, and I feel that using psychedelics is inherently dangerous as well. Putting something into your body without knowing how you will react to it or how you may be impacted by it is dangerous and risky behaviour. And with risky behaviour comes the need for harm reduction. If I have learned anything through reading research on drugs, it is that if people are in pain or searching for escape or a cure, they will try anything, and something being illegal or stigmatized is not going to stop them. I feel a value of mine is education to make informed decisions. If someone is going to do something despite it having risks, I want to be able to support them through harm reduction. I cannot stop anyone from doing anything, but I can support them by potentially reducing the harm it may cause. This relates to psychedelics like it relates to any drug, educating people on taking lower doses, using it slowly, never using alone, and using in a safe place. Because I recognized these are values I hold, I managed these reactions by journaling and crying and recognizing the value I place in qualitative experiences and the need to also value quantitative results.

Conclusion

Untreated mental health concerns can have a significant impact on the wellness of society. Despite extensive effort by researchers and clinicians, effective treatment is often not accessible or useful for all those who are suffering (De Gregorio et al., 2020). Psychedelic medicine has potentials to alleviate the suffering of individuals, however there a gap in the literature to inform our understanding of how psychedelics may be a useful mode of treatment (De Gregorio et al., 2020). The stigma associated with psychedelic use further complicates the matter. Several researchers note the stigma that plagues the use of psychedelics, but very few

seemed to spend time understanding what that stigma is and how it is fuelled (Belouin & Henningfield, 2018).

To understand the stigma associated with psychedelics, we first need to understand them alone and their intersecting identity (Belouin & Henningfield, 2018). Despite MDMA going through many classification changes, it is highly recognized for its ability to promote trust and empathy, and its breakthrough therapy status granted by the FDA for treatment of PTSD (Barber & Aaronson, 2022; Grob, 2000; Mitchell et al., 2021). Psilocybin and LSD are recognized for their impacts on neural plasticity and seem to have specific applications for depression and anxiety related concerns (Davis et al., 2021; Fuentes et al., 2020; Gandy, 2019; Hwang & Saadabadi, 2022; Lowe et al., 2021; Schlag et al., 2022). And Ketamine seems to be a long-lasting treatment results for overall mental health concerns like depression and suicidality and is currently being used in some treatment facilities (Gao et al., 2016; Schwartz et al., 2016).

Upon understanding psychedelics, constant reference to "stigma" within the literature is apparent but there is a lack of what that stigma was or it's true impact on psychedelics I uncovered several factors through an extensive literature review: language, education, awareness, perception, culture, and the overall stigma of mental health (Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018). And these factors exist on multiple levels: interpersonal, intrapersonal, community, organizational, and structural (Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018). Three factors stood out above all others: language, education, and the overall stigma of mental health (Beswerchii & Sisti, 2022; Knaak et al., 2017; Summers et al., 2018). And despite this, little has been done to uncover the significant impact on the intersectional identity of stigma, and little research has been conducted to further our ability to

understand and de-stigmatize psychedelics (Knaak et al., 2017; Rao et al., 2019; Summers et al., 2018).

Despite the gap in research regarding this, a few points seem to run through much of the current research. It appears that stigma continues to impact and bias professionals' attitudes about the use of psychedelics to treat mental health concerns, and with a possible FDA approval within 1-2 years, counselling psychology may be severely impacted by a lack of education (King & Hammond, 2021). The need for a consensus on the lexicon of psychedelic language is imperative to understanding, consistency, and de-stigmatization (Beswerchii & Sisti, 2022).

The stigma of mental health alone needs to be better deconstructed, and policies need to be put in place on intrapersonal and structural levels in order to support those who are struggling (Knaak et al., 2017; Rao et al., 2019). This also means the need for professionals to have a consistent theory and practice standards for working with psychedelics is highly important and currently lacking which proves to have many ethical issues like informed consent, competency, and bias (Canady, 2021; CPA, 2017; CAP, 2019, 2022; Phelps, 2017).

Further research is needed to understand how to de-stigmatize psychedelics, as well as to understand their subjective effects as many researchers are curious if this is necessary to their therapeutic effects (Yaden et al., 2022). They also advocate for larger sample sizes and diverse study designs that are lacking due to the barriers caused by the scheduling of psychedelics (Kurtz et al., 2017; Michaels et al., 2018; Sellers et al., 2018). Moving forward, it is recommended that consistency within language is recognized throughout research, and clinical applications, as well as the need for proper ethical standards (CPA, 2017; CAP, 2019, 2022; Johnson et al., 2008; Michaels et al., 2018). Through this inconsistency professionals are forced to read between the lines as to how informed consent, competency, and a client’s autonomy are impacted by

psychedelics, and both professionals, psychologists, and clients deserve to be supported in care (CPA, 2017; CAP, 2019, 2022; Yaden et al., 2022).

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Appendix

Methodology

Study	Findings	Research Paradigms	Role of Researchers	Participants	Data Collection	Data Analysis	Recommendations	Limitations
A Systematic Review of Multi-Level Stigma Interventions: State of the Science and Future Directions	Despite the progress made to evaluate multilevel stigma, much more work is necessary to expand and strengthen this approach.	They sought to conduct the first systematic review of original research on multilevel stigma-reduction strategies.	DR and SF independently coded each article. However, no one else's input was disclosed.	24 articles	Content analysis based on themes, inclusion/exclusion criteria, intervention targets, and confidence intervals.	They found that most studies focused on education alone as stigma reduction.	Education is not enough to deconstruct stigma, and multilevel evidence-based interventions are needed.	Exclusion of grey literature, inclusion of English only studies, sampling bias, and non-generalizable conclusions.
Attitudes and Beliefs About the Therapeutic Use of Psychedelic Drugs Among Psychologists in the United States	Most participants lacked understanding of the full range of psychedelics and had positive beliefs regarding future research.	They sought to understand clinical psychologists' attitudes in the USA regarding psychedelics.	Undisclosed, other than Dr. Davis is a board member of Source Research Foundation who supported in study design and execution.	$N = 366$	Participants were randomized into seven vignettes which each held seven questions for them to assert on a 6-point scale, which were all questionnaire format over email.	They found psychologists express cautiously favourable attitudes about the use of psychedelics for mental illness.	The need for more education about the safety of psychedelics	Possible sampling bias due to small sample in relation to population of psychologists. Self-report issues and social desirability issues. Increased chance of type I error as well.

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Therapeutic Use of LSD in Psychiatry: A Systematic Review of Randomized-Controlled Clinical Trials	LSD as a potential therapeutic agent in psychiatry; use of LSD in the treatment of alcoholism.	They sought to identify controlled and randomized clinical trials that assess the potential use of LSD in psychiatry. PRISMA guidelines for systematic review were followed.	JF, FF, ME, MF, and MT designed the review. JF and FF reviewed the abstracts and the papers. JF and ME obtained the data from the selected articles. JF, FF, ME, MF, and MT wrote and reviewed the manuscript.	*N* = 567	Search of MAPS databases and only randomized-controlled studies were included.	Study quality was systematically calculated by using the Cochrane Collaboration Tool for assessing risk of bias.	The need for studies to conform to modern standards in order to strengthen our knowledge.	Difficulty in assuring double-blind clinical trial.
Inclusion of People of Color in Psychedelic Assisted Psycho-therapy: A Review of the Literature	Minorities are not being represented in psychedelic studies; therefore, results are not generalizable.	They sought to evaluate ethnoracial differences in inclusion and effective methods in achieving diverse samples.	JP and AC conducted the literature search, compiled the information, and coded the data. TM reviewed all data collection, data analysis and interpretation. TM major contributor in writing the manuscript; JP and AC wrote subsections of the manuscript that were	*N* = 282	Methodological search psychedelic studies from 1993–2017, including medical trials, observational studies, and qualitative studies.	A mean of over 82% of participants are white, and there were no significant differences in recruitment when studies did have higher	Inclusion of diverse populations and improved recruitment strategies.	Minority status differs across nations which limits the number of studies included, factors contributing to minority inclusion like barriers is prevalent, large variability of methodology in included studies, small sample

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			reviewed and edited by TM. MW reviewed and edited completed full drafts of the manuscript. All authors read and approved the final manuscript.			rates (greater than 20%) of diverse populations.		size, also only included studies specific to psychedelics.
MDMA-Assisted Therapy for Severe PTSD: A Randomized, Double-Blind, Placebo-Controlled Phase 3 Study	MDMA was found to create a significant decrease in CAPS-5 scores post study, with a mean score change of -24.4 and no adverse effects, suicidality, or abuse potential.	They sought out to report the findings of randomized-double-blind placebo controlled, multisite phase 3 clinical trials to test the efficacy and safety of MDMA and psychedelic-assisted therapy for severe PTSD.	Undisclosed other than employed by MAPS.	$N = 90$	Participants were randomized 1:1 to receive therapy with MDMA or placebo.	CAPS-5, functional impairment, and Sheehan Disability Scale (SDS) were assessed at baseline and 2 months post study. Adverse events and suicidality were also tracked throughout.	MDMA to be expeditiously evaluated for clinical use.	Sample size was small due to COVID-19 pandemic. Lacked diverse sample. Only studied short-term results. Due to site therapists collecting data, may have lacked blinding. Given subjective effects of MDMA, blinding of participants was difficult.