

**A Critical Look at Psychedelic Assisted Therapy:  
Exploring Ethical and Social Justice Concerns**

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### **Abstract**

This capstone project examines ethical and social justice concerns related to the emerging field of psychedelic assisted therapy (PAT). Within the context of the psychedelic renaissance – characterized by a surge in clinical research and a shift in public perception towards psychedelics for mental health treatment – there has been significant hype regarding the potential benefits of PAT, with far less attention being paid to the potential risks and harms. This paper reviews the literature to provide an overview of the wide ranging concerns across three inter-related areas: industry and culture, clinical research, and clinical practice. Key findings include harms related to commercialization and neocolonialism, biased clinical research caused by high expectancy effects, small sample sizes, and inconsistent methodology, and challenges related to autonomy and safety given the mind-altering nature of psychedelics. The literature also revealed scholarly debate regarding the best means of addressing these concerns moving forward. This highlights the need for dialectical thinking, interdisciplinary collaboration, and ethical frameworks that address and balance the differences between western scientific ways of knowing and Indigenous ways of knowing. Embracing critical voices, adopting more rigorous clinical research, and incorporating Indigenous ethics will all help in moving the field of PAT towards a more ethical, effective, and socially just industry and praxis.

Key terms: Medicalization, Psychedelic Assisted Therapy, Psychedelic Capitalism, Psychedelic Hype Bubble, Psychedelic Renaissance.

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## Chapter One: Introducing the Problem

The field of psychedelic assisted therapy (PAT) is currently experiencing what is often called a renaissance; in the last 10 years, clinical research has exploded and public opinion towards use of psychedelics for mental health has shifted (Penn et al., 2021). Initial research findings have showed promising results (Luoma et al., 2020), yet the field is very new, and many ethical, cultural, and social justice concerns are also being raised (Gerber et al., 2021; Pilecki et al., 2021). With significant media attention concerning the *benefits* of PAT – in part driven by emerging for-profit companies engaging in marketing tactics – there is a need to ensure that clinical counsellors and the general public are aware of the potential *harms* of PAT. The aim of this capstone is to take a critical look at the field of psychedelic assisted therapy from a social justice-oriented lens. The aim is to first to gain a more complete understanding of the issues, then to explore options for how to move the field forward in a socially just, ethical, and decolonizing manner.

In this chapter I will discuss the research problem and define the research questions – as well as introducing the guiding theoretical frameworks and researcher positionality. Chapter two begins with background information of PAT and then will review the literature on problematic issues in the field. In chapter three I will discuss ideas for how the field of PAT can address these issues, and what students and counsellors should know moving forward.

### Research Problem and Context

In recent years there has been significant media attention about PAT. Articles have claimed that these “wonder drugs” (Schmitt, 2021, Page Title), or “the psychedelic miracle” (Mac, 2017, Page Title) will revolutionize psychiatry (Jacobs, 2021) and “change humanity for the better” (Doblin, 2021, Page Title) – while also mentioning the investment potential of

psychedelics reaching billions of dollars (Jacobs, 2021; Mac, 2017; Schmitt, 2021). These articles often include including extensive coverage of potential *benefits* with little to no focus on potential *harms*, or ethical issues currently facing the field. Researchers at John Hopkins University – one of the leading research facilities exploring PAT – have warned that this *hype bubble* is creating “impediments to rigorous science and reasonable clinical applications” (Yaden et al., 2022, p. 943). For instance, as popularity of psychedelics rises, and in the wake of positive media attention, researchers are battling significant expectancy effects, which can significantly bias the results (Hovmand et al., 2023). Expectancy effects are when participants (including both patients and researchers themselves) have certain expectations about the intervention being tested. These expectations have been shown to measurable effect outcomes (Hovmand et al., 2023). In fact, the phenomenon is so well known in the field of psychedelic research that Anthropologist Tehseen Noorani has dubbed this *The Pollan Effect*, in reference to the popular book on psychedelics “How to Change Your Mind”, by writer Michael Pollan (Noorani, 2020). Related to this is the problem of the rise of for-profit companies invested in the success of PAT. Several researchers and scholars have argued that the marketing efforts of these companies has outpaced the science (Aday et al., 2022; Devenot, 2023; Gerber et al., 2021; McNamee et al., 2023).

The field of PAT also has several significant and unique challenges regarding culture and diversity. Many Indigenous cultures continue to use plant medicines in sacred ceremonial, and much of the wisdom on how to manage these states of altered consciousness has come from Indigenous peoples (Celidwen et al., 2023; Devenot et al., 2022a; Thrul & Garcia-Romeu, 2021). Examples of these are the Maztec use of psilocybin containing mushrooms, Amazonian use of Ayahuasca, and Native American use of the Peyote cactus. Significant concerns around cultural

appropriation and neo-colonialism have been raised (Celidwen et al., 2023; Devenot et al., 2022a; Thrul & Garcia-Romeu, 2021).

### ***Purpose and Contribution to the Field of Counselling***

Within this context, there is a growing need for increased education on the full range of potential harms of psychedelics, as well as the various ethical and social justice concerns of PAT. As psychedelics become increasingly accessible and more culturally accepted, everyday counsellors are increasingly likely to receive questions from clients about their potential therapeutic use. Additionally counsellors are also increasingly likely to work with clients who are using psychedelics, whether for therapeutic or recreational purposes. Counsellors have an ethical responsibility to ensure that they are giving accurate and balanced information.

This paper aims to synthesize, consolidate, and summarize various concerns regarding PAT as expressed in peer reviewed papers, academic opinion pieces, investigative journalism and media articles, and personal accounts by prominent members of the psychedelic community.

The issues facing the field of PAT are wide ranging, complex, and nuanced. There is much debate among researchers, proponents, and community members. So far I have been unable to find a resource that offers a *comprehensive overview* of the many challenges facing the field of PAT. This is the gap that I aim to address with my project.

### ***Research Questions***

The research questions I will address in this paper are:

- What are the ethical and social justice concerns related to the field of psychedelic assisted therapy?
- What are the potential harms of psychedelic assisted therapy?

- Is an ethical, decolonizing, and social justice oriented practice of psychedelic assisted therapy possible? If so, what does that look like?
- What training, skills, and knowledge do counsellors need if they are interested in perusing future work in psychedelic therapy?

### ***Positionality***

My name is Clare Liggett, I am the daughter of an Irish father and a Canadian mother with Ukrainian and Romanian heritage. I reside on the traditional lands of the Tla'amin people in the qathet region – what is colonially known as Powell River, British Columbia.

As is most research (Altenmüller et al., 2021) my interest in this topic is not only professionally driven, but also personally driven. This will of course affect the way I approach and write this paper (Bourke, 2014). Everyone has bias (Emberton, 2021), my goal is to make mine as visible as possible, both as a means of transparency, but also as a way of mitigating these biases.

My interest in studying psychedelic therapy originally stems from my personal experiences using ceremonial plant medicines on my own healing journey. Through my life I have struggled with periods of what western allopathic medicine describes as clinical depression and was seeking ways to cope. In 2015 I sat in my first set of guided Ayahuasca ceremonies. The experience was profound and life changing, beyond words to describe here. Over the next several years I continued to use various psychedelics in intentional healing settings, deepening my understanding of the experience of alternate states of consciousness, and how to apply the inner growth and wisdom to my everyday life. My experiences with psychedelics motivated me to pursue hospice work, supporting dying folks and their families, and then ultimately to me pursuing a career in clinical counselling. It is important to note that while my experiences with



psychedelics had profoundly positive impacts on my life, I never felt they fully alleviated my depression. In fact, it wasn't until I incorporated SSRI's that I felt I was able to achieve meaningful relief – particularly from the physical symptoms.

Thus, my personal experiences bias me in different, and sometimes conflicting ways. My positive experiences with psychedelics have undoubtedly cause me to be biased in favour of their use. Yet, as a person whose depression was not alleviated by these medicines, I also have what I would call a healthy skepticism of many of the sweeping claims of them as “miracle drugs” (Mac, 2017, Page Title) that can “change the world” (Doblin, 2021, Page Title). I have also personally encountered many instances of unethical behaviour in the underground psychedelic community, and heard several stories of individuals who's experienced significant harm by participating.

Within this context arises the desire to seek out a deeper understanding of the complex and nuanced issues within the emerging field of PAT, and discover frameworks to help myself, and other counsellors who might be interested, find balanced approaches and frameworks to help mitigate potential problems.

### ***Theoretical Frameworks***

The following theoretical frameworks inform my approach to this paper, shape the way I explain the research problem, and guide my analysis.

**Social Constructionism.** Social constructionist theory (Gergen, 1985) maintains that concepts, identities, and knowledge are socially generated; that is, there is no single “objective” reality. Social constructionism is a “critical stance toward-taken-for-granted knowledge” (Burr, 2015, p. 2) which examines how social norms, values, language, culture, and historical context affect our perception of the world (Burr, 2015). The role of power, and power dynamics, in

shaping reality are important in social constructionism: those who hold power (and thus privilege) are able to influence and maintain certain views of “normal” or “reality.”

Looking at the topic of Psychedelic assisted therapy within a framework of social constructionism means that there is an emphasis on examining cultural contexts, taking a critical look at the information, and paying attention to systems of power and their impacts.

**Social Justice Orientation.** A Social Justice orientation is the view that everyone deserves equal economic, political and social rights and opportunities (National Association of Social Workers, 2022). Those working towards social justice aim to increase access and opportunity for everyone, but particularly those in greatest need. Operating from a social justice orientation means that I am interested in looking cultural contexts, identities, power and privilege. It also often means that I take a critical stance when examining systems of power. As Arthur (2018) notes “it is the inequitable distribution of power in society that contributes to the marginalization of people whose differences have been viewed as inferior and less worthy of the same access to resources in our society” (p.12). Within a social justice orientation is an effort at *decolonization*:

Decolonization is about cultural, psychological, and economic freedom for Indigenous people with the goal of achieving Indigenous sovereignty -- the right and ability of Indigenous people to practice self-determination over their land, cultures, and political and economic systems. (Belfi & Sandiford, 2021, para. 4)

Decolonization is highly relevant within the field of PAT, as many of the substances and practices originated with various Indigenous peoples from around the world. There are significant concerns in the field of PAT concerning cultural appropriation, exploitation, and neo colonialism.

In service of decolonization, a social justice orientation, and ethical praxis in general, it is important to consider Indigenous world-views, ethical principles, research methods, and

perspectives. It is my goal throughout this research project to maintain awareness of, and highlight the perspectives of Indigenous peoples – many of who have been the one stewarding psychedelic plant medicines for thousands of years (George et al., 2019).

### **Definition of Key Terms**

#### ***Psychedelic Assisted Therapy (PAT)***

Psychedelic-assisted therapy is a treatment approach within western medicine that combines psychotherapy with the administration of certain psychotropic compounds (psychedelics) to treat psychiatric conditions. This method leverages the altered states of consciousness induced by psychedelics to facilitate deeper psychological insights and emotional processing (Mitchell et al., 2021; Sessa, 2019). In Chapter two I will provide further explanation of PAT – as well as the features and effects of psychedelics compounds.

#### ***Psychedelic Renaissance***

The psychedelic renaissance refers to the contemporary resurgence of clinical research on therapeutic effects of psychedelics and the corresponding shift in public perception and increased commercial investment interests (Penn et al., 2021).

#### ***Psychedelic Hype Bubble***

Based on the Gartner Hype Cycle (2003), this refers to refers to the speculative enthusiasm and rapid investment in the field of PAT in the last four years. This is perpetuated by an overemphasis on the potential benefits of psychedelics and an underemphasis on potential risks and harms (Yaden. et al., 2022).

#### ***Pollan Effect***

Heightened positive expectations regarding the efficacy of psychedelics in recent years stemming from Michael Pollan's book, *How to Change Your Mind* – which have in turn have biased clinical research studies (Aday et al., 2021).

***Psychedelic Capitalism***

Refers to the commercialization of psychedelics in mainstream markets, with businesses aiming to profit from these substances as they gain acceptance for mental health treatments. This term critiques the potential overshadowing of psychedelics' therapeutic or spiritual uses by corporate profit motives, raising concerns about accessibility, ethical compromises, and over-commercialization (Devenot, et al., 2022a)

***Medicalization (of psychedelics)***

Refers to efforts to turn psychedelics into medications that can be administered through healthcare systems. The concept of PAT itself represents a medicalized approach to use of these substances (Noorani, 2019).

***Integration (of Psychedelic Experience)***

Is the catch-all term for a range of ways of understanding the work required to bring the meaning and fruits of the psychedelic experience to bear upon one's life in the aftermath of the acute drug effects (Noorani, 2019).

***Indigenous Spirit Medicine***

Often referred to as plant medicines, involves the use of natural psychoactive substances within traditional Indigenous contexts for spiritual, healing, and ceremonial purposes. These practices are deeply integrated into the cultural and spiritual life of Indigenous communities, emphasizing a holistic approach to health and well-being that connects individuals with nature, community, and spiritual realms (Celidwen et al., 2023).

**Overview of the Paper**

In this chapter I have introduced the research problem, its context, and the questions this paper seeks to address; I have outlined the frameworks guiding this paper, my personal positionally as a researcher in relation to this topic, and the ways in which this affects the way this paper is approached.

In chapter two I will begin with background information on PAT and psychedelics: what they are, their history of use in western scientific study, and a general overview of current clinical research on the effectiveness of PAT. Following this is an overview of the various ethical and social justice concerns raised in the literature regarding PAT.

In chapter three I will then look at ways in which these issues may be addressed, and steps that clinical counsellors who may be interested in pursuing PAT should take in order to ensure an ethical and decolonizing praxis.

## Chapter Two: Literature Review

In chapter one, I introduced the problem related to hype surrounding Psychedelic Assisted Therapy [PAT]. In this chapter, I will provide background information on PAT itself, and then I will review the literature on the current ethical and social justice issues facing the field.

### Part One: Background: What is Psychedelic Assisted Therapy (PAT)

PAT is the medical administration of certain chemical compounds (known as psychedelics) in combination with a clinical psychotherapy program (Mitchell et al., 2021; Sessa, 2019). The treatment protocol for research in PAT therapy usually consists of a mix of dosage session, in combination with integration sessions. The dosage sessions last anywhere from 3-8 hours, depending on the substance used. Typically, two therapists are present as support during these sessions. Subsequent sessions are used to work through and integrate content brought up by these experiences (Mitchell et al., 2021; Sessa et al., 2019).

#### *Psychedelics*

The word psychedelic was coined in 1956 by psychiatrist Humphry Osmond. Its roots are from the Greek words *psyche*, meaning soul, spirit, mind & consciousness, and *deloun*, meaning to make visible, to reveal, to manifest (Osmond, 1957). It is important to recognize that the conceptual frameworks around the term psychedelic, and the ideas of what constitutes psychedelic assisted therapy, represent a modern western scientific paradigm (George et al., 2019). Global Indigenous populations have been using what they have termed as *spirit medicines* (Celidwen et al., 2023) or *plant medicines* for over 5,000 years (George et al., 2019). For example, the Maztec use of psilocybin containing mushrooms (Barceloux, 2012), Amazonian use of Ayahuasca (Labate & Cavnar, 2013), Native American use of the Peyote (Halpern et al.,

2005) and Western African practitioners of the Bwiti religion's use of Ibogaine (Winkelman, 2014). Each of these cultures have their own conceptualizations of these substances, their meaning, and their role in culture.

The western scientific study of psychedelics represents a reductionist approach; *reductionism* is when complex phenomena are explained in terms of what is presumed to be the underlying, 'simpler', components" (Gründer et al., 2024). In the Indigenous paradigm, plants seen as are sentient beings, and these spirits are engaged with in relational ways (Celidwen et al., 2023). These spirit medicines are often used in communally held ceremonial settings, guided by an experienced medicine person, and rooted in rich cultural history and knowledge systems. In western science, the mechanism of psychoactive plants are reduced down and attributed to certain chemical compounds, which are isolated and studied independently. Because the very notion of PAT is based within a western scientific paradigm, for the purpose of this paper, I will be using this language to describe psychedelics and their use.

Western science identifies four *classical psychedelic* compounds LSD, psilocybin, mescaline, and DMT. *Non-classic psychedelics* include the chemical compounds 5-MeO-DMT, 2C-B, MDMA, ketamine, salvinorin A, THC, and nitrous oxide. The majority of the current study in PAT focuses on the use of MDMA, psilocybin, and ketamine (Penn et al., 2021).

**Features and Effects.** Psychedelics are described as *nonspecific amplifiers*, tending to amplify any of a range of content in mind, conscious or unconscious (Presti, 2022). The distinguishing features and effects of classical psychedelics include: an amplification of perceptions, thoughts, and feelings; sensory distortions; a loosening of psychological defenses; and the dissolution of self-other-world boundaries (Presti, 2022).

While each psychedelic compound has its own unique pharmacology, there are commonalities. Psychedelics effect the levels of neurotransmitters like serotonin, dopamine, and norepinephrine in the synapses (Kvam et al., 2022). Some, like MDMA, also effect levels of the hormones oxytocin, vasopressin, cortisol and prolactin. Oxytocin is associated with attachment, bonding and love (Carter, 2022). As such, MDMA elevates mood and often produces feelings of euphoria, love, and a sense of being connected to others. Neuroimaging studies have also shown that MDMA causes a decrease in amygdala and hippocampus activity, and is associated with an improved ability to process negative memories (Carhart-Harris et al., 2015).

The exact mechanism(s) underlying the effects of psychedelics in treating psychiatric disorders are not fully understood and are often hotly debated (Kious, 2023). Research suggests that psychedelics appear to increase suggestibility (Carhart-Harris et al., 2015), subjective insightfulness (Kometer et al., 2015), perceived creativity (Mason et al., 2021), and attributions of meaning (Hartogsohn, 2018). Psychedelics may also promote *neuroplasticity*, a process that involves adaptive structural and functional changes to the brain – though this has not been conclusively demonstrated in humans (Skosnik et al., 2023).

### ***History of Western Scientific Study and Clinical Use***

From the mid 1950's through the early 1970's various psychedelics were legally used and researched as adjuncts to psychotherapy (Pentney, 2001). Promising therapeutic effects were seen in areas such as managing end-of-life anxiety (Kast, 1966), treating depression and alcohol use (Pahnke et al., 1970), and as a means of enhancing creative problem solving in complex decisions (Harman et al., 1966).

However, during this time, there were also instances of misuse of psychedelics among researchers, which often involved unethical and harmful human experimentation – particularly



against vulnerable populations such as prisoners and those incapacitated in mental health facilities (Pace & Devenot, 2021; Strauss et al., 2021). One of the most infamous examples of this is the CIA's MK-Ultra program, which attempted to investigate methods of mind control and behaviour modification (Strauss et al., 2021). Many of these experiments resulted in severe psychological distress and lasting trauma for the participants and have called into question some of the current practices in PAT (Pace & Devenot, 2021).

Instances of researcher misuse, paired with a cultural shift towards conservatism and the war on drugs initiated by US president Nixon, led to the re-scheduling of all psychedelic compounds as class one substances in 1970. As a result, formal research into the medical use of psychedelics was effectively stopped for the next 20 years. However, despite the legal restrictions underground use of psychedelics in therapy continued – as it does to this day (Sessa & Fischer, 2015). Though many have reported benefit of underground use (Sessa & Fischer, 2015), without any regulation or ethical oversight, the underground field of PAT remains rife with accounts of harm and abuse (Hall, 2021a; Hall, 2021b; Ross & Nickles, 2021; Villeneuve & Prescott, 2022).

In the early 2000's public policy and public discourse around the use of psychedelics began to shift, ushering in new wave of interest in various forms of psychedelic therapies. Promising early research by John Hopkins University, Imperial College London and MAPS has led to an explosion of new research over the last 10 years. In 2017 the FDA granted MDMA a breakthrough therapy designation for the treatment of PTSD. Clinical research and societal acceptance continue to grow. In fact, Australia has now legalized MDMA therapy for clinical use (Therapeutic Goods Administration, 2023) and it is predicted that the FDA in the United States will approve MDMA therapy for the treatment of PTSD by 2024 (Reardon, 2023). This new era

of interest in psychedelic research is often called the psychedelic renaissance. As of the writing of this paper, Psychedelic compounds remain schedule one substances in the USA and researchers must gain special designation to research them in most countries, including Canada.

### ***Overview of Effectiveness and Clinical Research***

Recent clinical trials have provided promising results for the effectiveness of psychedelics and PAT for treating various psychological conditions, including major depressive disorder and treatment-resistant depression (Kvam et al., 2022), substance use disorder (Sessa, 2021), end-of-life anxiety (Yu et al., 2021), and social anxiety (Luoma et al., 2022), eating disorders (Ledwos, 2023), and obsessive-compulsive disorder (Rodrigues et al., 2022). However some of the most prominent and widely known research involves MDMA therapy for the treatment of Post Traumatic Stress Disorder (PTSD). It is suggested that the reason MDMA is effective for various mental health issues is because it is well suited for addressing neurobiological and psychological aspects related to underlying trauma (Kvam et al., 2022; Luoma et al., 2022). The initial results for the treatment of PTSD appear to support this. For instance, Mitchell et al. (2021) found that 67% of their 90 participants receiving MDMA therapy no longer met the criteria for a diagnosis of PTSD after treatment, and that participants receiving MDMA therapy were twice as likely to recover as compared with those receiving psychotherapy alone. Further, MDMA therapy is shown to have long-term and lasting reduction of PTSD symptoms when followed up three years later (Jerome et al., 2020).

Despite the general successes reported by recent clinical trials, there are also associated risks and many note that much more research needs to be done (Aday et al., 2022; McNamee et al., 2023; Villeneuve & Prescott, 2022). Additionally, the treatment potential may be less impressive than initially expected – as shown in a recent study showing no difference between

psilocybin therapy and established treatments for depression (Carrhart-Harris, 2021). There has also been criticism of some of the research, including design problems, pooling of data, and confirmed instances of abuse in clinical trials (Aday et al., 2022; Ross & Nickles, 2021). These issues are discussed further below.

It is clear that evaluating the current clinical research on the effectiveness of PAT requires a degree of nuance, critical thinking, and grounding in the scientific evidence, especially given the noted hype bubble.

## **Part Two: Exploring Ethical and Social Justice Concerns**

In the following section I explore some of the current ethical and social justice concerns facing the field of PAT. These issues are divided into three overlapping, and often interrelated, spheres: industry, clinical research, and clinical practice. Areas of concern within and across these spheres include issues related to safety and harm, biases and blindspots, commodification and access, and diversity and cultural considerations. The levels at which these issues present range from the individual and interpersonal, all the way up to institutional and systemic/cultural. It is very important to note that while I discuss the three spheres individually, they are not in fact fully distinct and separate from one another; rather concerns in each area overlap, creating a complex and nuanced set of issues.

### ***Issues Related to Industry and Culture***

**Psychedelic Capitalism.** The surge of interest in psychedelics and PAT has led to a booming Psychedelics industry, where biotech companies and venture capitalists have driven significant speculative investment (Devenot et al., 2022a). For instance, in October 2020, one of the pioneering pharmaceutical companies focused on developing psilocybin for depression treatment went public with a market value of \$1.5 billion (Gerber et al., 2021). Considering that

depression affects 260 million people globally (Friedrich, 2017) there exists a substantial market potential. In 2021, nearly two billion USD was invested in the psychedelics sector, and the predicted market revenue from the industry is estimated to exceed 12 Billion USD by 2035 (Research Nestor, 2023).

The commercialization and commodification of psychedelic substances, therapies, and experiences, has been termed *psychedelic capitalism*. While some argue that psychedelic capitalism is what drives scientific research and eventually wider access to therapeutic usage (Halifax, 2023), others raise concerns about a variety of cultural and ethical implications brought about by what they argue as an extractive and exploitative capitalist framework (Devenot, 2023; Gerber et al., 2021; Thrul & Garcia-Romeu, 2021; Williams et al., 2022). It is these concerns that the following sections explore.

**Commodification of Spiritual and Cultural Practices.** Psychedelics, or what are commonly known in Indigenous communities as *spirit medicines* or *plant medicines* (Celidwen et al., 2023) have been used in spiritual and cultural contexts by Indigenous peoples for over 5,000 years (George et al., 2019). Yet, on a general level, there is a lack of recognition and respect for Indigenous knowledge systems and cultural practices surrounding the use of these medicines (Williams et al., 2022). Devenot (2022a) notes that “when contemporary psychedelic medicine 'discovers' the efficacy of psychedelic plants, they 'erase' the long lineages and diverse knowledges that have curated, tended, and cultivated the human relationship to these plants” (p. 487).

Indeed, various Indigenous Nations have voiced their concerns about the appropriation of their sacred medicines, and the exploitation of Indigenous knowledge and traditions without proper acknowledgment or compensation (Celidwen et al., 2023; Tupper & Labate, 2015;

Williams et al. 2022). It has been shown that North American and European businessmen are disproportionately reaping financial gains from the current psychedelics industry (Gerber, 2021). An example of this is the financial disparities between Western psychedelic practitioners and Indigenous medicine practitioners. Celidwen et al. (2023), note that:

Western psychedelic practitioners and facilitators can reach average earnings of \$10,500 per service event, compared to Indigenous medicine practitioners who may earn between \$2 to \$150 for their services in their communities of origin. (p.105)

Not only is there a lack of appropriate compensation, but also a disproportionate lack of Indigenous voices and leadership within the psychedelic field (George et al., 2019).

Unfortunately, even when Indigenous perspectives are included, Celidwen et al. (2023) notes that their presence is often symbolic and tokenistic, with minimal concrete benefits returning to Indigenous communities.

A related issue pertains to the environmental impact of the burgeoning psychedelics industry, and its effects on Indigenous communities. It has been noted that the increase in demand globally of plant-derived psychedelics, such as peyote and ayahuasca, contributes to environmental degradation, such as rainforest deforestation and perilous over-harvesting (Celidwen et al., 2023; Thrul & Garcia-Romeu, 2021). The rise of Psychedelic tourism, and the impact on Indigenous communities is also a concern.

***Case example: The Story of Marina Sabina & Psilocybin.*** Gerber et al. (2021) asserts that “from an Indigenous perspective, psilocybin research and drug development tells a story of extraction, cultural appropriation, bioprospecting, and colonization” (p.573). He goes on to explain that the Story of Marina Sabina serves as example of this. In 1957, Life magazine published one of the most impactful articles in modern history about psychedelics, entitled

*Seeking the Magic Mushroom*. It was written by a former banker named Gordon Wasson, and told of his expeditions in Mexico, where he sought out the sacred ritual practices and mushrooms of the Mazatec people. This knowledge had been well hidden from the colonial powers of the Spanish conquest, who outlawed many Indigenous cultural practices. The Life article shared Wasson's experiences learning from a curandera (traditional healer) whom he initially protected with the pseudonym, as he had promised her secrecy, including agreeing to never publish photos. However, Wasson later betrayed his promise and revealed his teacher's identity to be Maria Sabina. He also widely published and publicized her photographs, furthering the betrayal. Once named, Sabina faced significant backlash from her community, including being briefly jailed and having her home set on fire (Gerber et al., 2021).

Within two years of the story being published, psilocin and psilocybin – the main active compounds in the mushrooms – were isolated, named, and synthesized by a Swiss chemist named Albert Hofmann, who worked for the Sandoz pharmaceutical company. The company quickly patented the extraction process and began marketing pills under the trade name Indocybin (Gerber et al., 2021).

Today, it is now known that there are hundreds of psilocybin containing mushrooms growing in North America and Europe (Barceloux, 2012). However, there is no known evidence of interest in their medical properties in western scientific literature before Wasson's published his article (Gerber et al., 2021). This cements the key role of the Mazatec in *all* psilocybin developments. As of this writing, there are at least 24 registered patent processes on psilocybin, yet no pharmaceutical developers have reached any legitimate or reciprocal agreements with the Mazatecs, or any other Indigenous communities (Gerber et al., 2021).

**The Patenting of Psychedelic Compounds and Processes of Therapy.** While companies are not allowed to patent entire molecules, some, like Compass Pathways are attempting to circumvent this limitation by patenting a specific crystalline structures of synthetic psilocybin (Devenot et al., 2022a). This has led to several proprietary versions of the molecule. While there has been no confirmation that these versions offer any therapeutic benefit over the original molecule, it is indicative of the profit driven commodification practices being undertaken by some (Harrison, 2020; McDaniel, 2021).

The issues related to commodification via patenting extend beyond the substances themselves. For instance, Compass Pathways has also attempted to file patents for some of the longstanding components of “set and setting,” including the use of “a room with a high-resolution sound system,” and “a bed or a couch” where “the therapist provides reassuring physical contact” (McDaniel, 2021; Psychedelic Times, 2019).

**Access issues: Profit Motive Over Patient Welfare.** The concerns about intellectual property are also related to those of equitable access and patients’ wellbeing. In a capitalist system, the primary motive of businesses is often profit maximization (Kasser et al., 2007). There's a risk that the profit motive could prioritize financial gain over patient welfare and therapeutic outcomes, leading to the exploitation of vulnerable individuals seeking psychedelic treatments (Devenot et al., 2022a; Gerber et al., 2021; McDaniel, 2021). Indeed, we have already seen very costly offerings of PAT with both ketamine-assisted therapy and psilocybin-assisted therapy. For example, Field Trip Health, a prominent early provider, offers a three-session package of Ketamine-Assisted Psychotherapy for \$5,000 USD. Patients can omit the psychotherapy and simply receive in-clinic infusions (with staff on hand to address safety concerns) for around \$3500 (Field Trip Health, 2023). Compare those prices to those charged by

Joyous, a tele-health company that ships ketamine directly to customers for about \$130 USD per month (Joyous, 2023).

The very high cost of PAT is a significant issue as it places this treatment out of reach for many individuals, particularly those from marginalized communities (Black, 2023). Indeed, emerging research shows that those accessing newly legal and semi-legal PAT services are predominantly white individuals with financial means (Thrul & Garcia-Romeu, 2021).

### ***Issues Related to Clinical Research***

As noted above, research findings have found promising therapeutic benefits to PAT. However, recent criticisms of psychedelic science, (by both scholars, advocates, and media outlets) are calling into question the validity, objectivity, and ethical conduct of these studies (Aday et al., 2022; Goldberg et al., 2020; Hovmand et al., 2023; Kioussis et al., 2020; Sloshower et al., 2023).

While some of the challenges in PAT research are inherent to both psychotherapy and pharmacology research in general, some are unique to – and/or amplified in – PAT (Aday et al., 2022). This is due to the distinctive subjective effects of psychedelic compounds, the fact that PAT involves various forms of psychotherapy in combination with various types and doses of active substances, as well as the larger cultural and systemic issues previously discussed. For instance, a recent study by Sloshower et al. (2023) highlights the complex interplay between expectancy, therapy effects, and drug/placebo effects in psychedelic-assisted psychotherapy studies.

**Expectancy Effects.** Bias is a significant challenge in PAT research; Goldberg et al. (2020) a meta-analysis of 34 studies concluded that there was high risk of bias in several domains; In their systematic review tracking bias in psychedelic clinical trials, Hovmand et al.



(2023) found that nine out of the ten trials examined had a high risk of bias. A large source of this bias in PAT trials comes from expectancy effects, which occur when study participants (including both patients and researchers themselves) have certain expectations about the intervention being tested. These expectations have been shown to measurable effect outcomes (Tambling, 2012). While challenges related to participant and researcher expectations are common across psychotherapy and pharmacology research, PAT faces a unique set of challenging in this area (Aday et al., 2022; Goldberg, et al., 2020; Hovmand et al., 2023).

***Participant Expectancy.*** One of the ways in which participant expectancy effects can manifest is in placebo responses, where study participants who believe they are receiving an active treatment may experience improvements in their symptoms, simply because they *expect* the treatment to be effective (Tambling, 2012). To counter this, blinding (or condition masking) is often used. Blinding is a process where information that has the potential to influence study results is withheld from one or more parties involved in a research study (Monaghan et al., 2021).

In PAT research, the very profound and uniquely characteristic effects of psychedelic compounds make blinding and condition masking extremely difficult (Aday et al., 2022; Goldberg, et al., 2020; Hovmand et al., 2023). That is, most participants are *fully aware* of the fact that they have received an active dose rather than a placebo. Some studies have attempted alternative trial designs which use *active placebos*, such as high doses of diphenhydramine or niacin. Yet, the critiques argue that these produce markedly different patient responses and are not adequate to fulfill successful blinding. This issue is further compounded by the fact that many of the participants have used psychedelics in the past, and therefore know what the effects feel like (Aday et al., 2022; Goldberg, et al., 2020; Hovmand et al., 2023).

Participant expectancy effects are further enhanced by the hype (aka *Pollan effects*) around the efficacy of PAT, including industry leaders and enthusiasts make claims about the potential for psychedelics to “change the world” (Doblin, 2021) and “revolutionize psychiatry” (Jacobs, 2021). Many of the critics cited above have argued that this pervasive messaging may lead to amplified positive expectations, and “motivates participants to 'not let the movement down' by failing to improve clinically” (Aday et al., 2022 p.1994). This sentiment has been noted by several study participants, for example, one participant in a recent trial who was *not* experiencing mystical experiences asked the researchers if they should quit, because they did not want to “ruin the research” (Aday et al., 2022, p.1994).

In our experience recruiting for psychedelic studies, many potential participants explicitly express a sense of pride and excitement in participating in a psychedelic trial as well as strong confidence in the benefit of psychedelics to their mental wellbeing. (Aday et al. 2022, p.1994)

This kind of participant expectancy, combined with the inability to properly mask the clinical conditions, can lead to significant sources of bias in the final results.

***Researcher Expectancy and Shadow Bias.*** In addition to participant expectancy effects, researcher expectancy is also a key ethical concern. While it is normal for researchers to be enthusiastic about their research, Kious et al. (2020) note concerns over what they term *excess enthusiasm* for psychedelics and their therapeutic potential within the research community. One hypothesized cause of this excess enthusiasm is thought to be connected with the researchers personal experiences of using psychedelics – which may undermine their objectivity. While I was unable to find and studies which quantified how many researchers have had

personal experiences, it appears to be generally accepted that most have. For instance, Manoj Doss, a prominent psychedelic science researcher stated:

I know only one psychedelic researcher who's never done psychedelics. I think this means you've got some stakes in the game: you did drugs, you liked them, now you're studying them. You're going to be tempted to say mostly positive things about them.

There's a conflict of interest. (Hu, 2021, para.12)

This is further reinforced by the fact that many psychedelic training programs, such as the MAPS training, involve experiential training, where therapists take active doses of psychedelics. These experiences are thought to help therapists more effectively support participants through their own experiences (MAPS, 2010).

Anderson et al. (2020) noted that psychedelic use could lead “even conservative individuals to become wildly enthusiastic about the potentials of psychedelics to heal and transform” (p. 829). This may not just be caused by the persons positive subjective experiences, but also by the underlying psychopharmacological mechanisms of action, such as increased suggestibility, perceived creativity, subjective insightfulness, and attributions of meaning (Kious et al., 2020). Similarly, Pollan (2019) writes that psychedelic-induced mystical experiences may lead to an inflated ego, whereby some people come to believe that they have been chosen for great things.

Additionally, it has been pointed out that that some researches and many vocal proponents in the field have personal and financial stakes in the success of PAT (Devenot et al., 2022a; Harrison, 2020; McDaniel, 2021). These conflicts of interest can lead to publication bias that may skew the overall perception of the effectiveness of psychedelic therapies (Aday et al., 2022; Hovmand et al., 2023). For instance, Devenot et al. (2022a) examines researches biases

and notes several instances where prominent researchers have overstated the findings of existing clinical trials in the public media. She goes on to argue that these “selective interpretations” are being used to “supercharge a psychedelic medical industry built on hype and expectation” (p. 489).

**Difficulty Distinguishing Drug Effects vs. Psychotherapeutic Effects.** Another significant challenge in research relates to the fact that PAT involves the *combination* two psychoactive components: drugs and psychotherapy. Typically in scientific trials using a combination of two drugs examine and regulate both components. However, in PAT, this is not the case.

As will be discussed in the clinical practice section, the therapy component of PAT not standardized or regulated, and typically not even evaluated in clinical research (McNamee et al., 2023). Critics note that the protocols used in psychedelic-assisted therapy vary across studies, making it difficult to establish standardized procedures and compare results across different trials (McNamee et al., 2023; Slosower et al. 2023).

**Cultural and Diversity Issues.** While large scale systemic issues related to culture and diversity have been explored in previous sections, it is important to note the ways in which these problems show up within the research. Michaels et al. (2018) found that within the field of PAT there is a lack of diversity and a large underrepresentation of BIPOC – both in research participants and within the researchers themselves. They cite research that methods do not emphasize recruitment of BIPOC, stigmas related to mental health and lack of treatment access among BIPOC, and differences in attitudes and norms towards psychedelic use. Thrul & Garcia-Romeu (2021) builds on this research by arguing that larger historic and systemic factors are also

at play. These include a history of racist and unethical research practices, which have resulted in mistrust in biomedical research institutions.

### ***Issues Related to Clinical Practice***

There are many interrelated ethical and social justice concerns within the sphere of clinical practice. These issues often have to do with client safety, professional boundaries in the counselling relationship, and challenges of informed consent (Kious et al., 2023; McLane et al., 2021; Seybert et al., 2023). Concerns related to integration, continuing support, and community care have also been raised (Kious et al., 2023). The following section explores some of the major areas of concern.

**Standards of Practice & Practitioner Competency.** As noted above in the clinical research section, there is a lack of standardization in the therapeutic practices of PAT, which pose a significant challenge to the field. Without standardized protocols, there is a high risk of variability in client outcomes, safety measures that are put in place, and ethical guidelines across different settings and individual practitioners (Kious et al., 2023; McLane et al., 2021; Seybert et al., 2023).

One such issue is the lack of consensus on dosing protocols and administration methods for the substances themselves (McNamee et al., 2023). It has been shown that variations in dosing and method of delivery can significantly impact patient experience and clinical outcomes (Aday et al., 2022). This in turn leads to inconsistent results and an increase in potential risks of harm.

The issue of standardization also extends to practitioner competence and training. Currently, there are no agreed upon standards for training or set qualifications for therapists conducting PAT (Anderson et al., 2020; McNamee et al., 2023). This raises concerns about

participant safety and the quality of care being provided. Inconsistent training standards may result in practitioners with varying levels of competence, potentially compromising the effectiveness of therapeutic interventions, and/or leading to increased risk of harm.

Another concern is the lack of standardization in participant assessment and screening procedures (Aday et al., 2022; Anderson et al., 2020). Without clear and consistent guidelines for assessing participants suitability and readiness for psychedelic therapy, there is a risk of exposing individuals to treatment who may not benefit, or worse, experience adverse reactions or be otherwise harmed.

The lack of standardized protocols extends also to the follow up care after active dose sessions. It has been demonstrated that lack of robust support in the aftermath of these experiences can hinder the long-term therapeutic benefits (Carbonaro et al., 2016; Pilecki et al., 2021); that is, inadequate support and guidance during the integration process can leave participants vulnerable to increased psychological distress and/or existential crises (Schlag et al., 2022).

**Difficulties with Informed Consent.** It is well established that informed consent (IC) is a vital component of ethical and safe professional practice (CCPA, 2020). IC requires practitioners to define treatment goals, and discuss existing evidence about the treatment and discuss any associated risks (CCPA, 2020). Rather than being a one-time event, IC in psychotherapy is an ongoing dynamic process that continues throughout treatment. In this process, the client is expected to be autonomous in their decision-making (McNamee et al., 2023). PAT faces a unique challenge in this regard as participants are under the influence of substances known to heighten suggestibility and impair decision making abilities. This removes autonomy and increases the risk of over compliance with the therapist suggestions (McNamee et

al., 2023). Additionally, due to drug effects and safety issues, once a dosing session has begun, it cannot be stopped, thus impairing capacity for ongoing consent and withdrawal. Further, Smith & Appelbaum (2022) discuss the difficulty in preparing clients for the ineffable quality of the psychedelic experience – especially to naïve users who may not fully appreciate the effects of psychedelic drugs. Because of this, many researchers and advocates argue that standard informed consent procedures are insufficient (McNamee et al., 2023; Seybert et al., 2023; Smith & Appelbaum, 2022).

Very little is known about how adequate the consent process is for trials of psychedelic drug administration. Harrison (2023) attempted to fill this gap by reviewing the informed consent forms from 19 clinical trials. While the studies were all in compliance with federal regulations, they did find a lack of disclosure related to the vulnerability experienced while under the effects of psychedelics. They went on to conclude that consent forms need to expand this content in order to assure that consent is truly informed prior to enrolling (Harrison, 2023). As noted, several others in the field have made similar assertions, arguing for additional and enhanced informed consent procedures in PAT (McNamee et al., 2023; Seybert et al. 2023; Smith & Appelbaum, 2022).

Issues with informed consent become even more difficult outside of clinical trials. As noted, there is already a significant amount of legal, semi-legal, and illegal PAT clinics and individuals offering services. Although IC procedures may be more regulated in the context of clinical trials, they can be challenging to implement in everyday clinical practice (Seybert et al., 2023). As noted, there are currently no unifying standards of practice, professional regulation, or ethical codes of conduct governing those currently practicing PAT outside of clinical trials.

**Adverse Effects.** There is debate around the potential adverse effects of psychedelic drugs and PAT. Schlag et al. (2022) asserts that while medical risks are minimal, perceptions of risk have been tainted by out of date and low quality research which have stigmatized use. There are also arguments that adverse effects are typically related to unsafe environments, rather than the substances themselves (Bremner et al., 2023). While research does show that *set and setting* are indeed important factors in determining therapeutic outcomes (Simonsson et al., 2023), there are also recent studies documenting more serious adverse effects – even within the contexts of controlled clinical trials (Goodwin et al., 2022). This, combined with the discussed context of the hype bubble surrounding the psychedelic renaissance, critics have argued that not enough attention is being paid to these potential adverse effects and risks (McNamee et al., 2023; Devenot et al., 2022b).

Although different types of psychedelics come with their own unique physiological and psychological risks, there are some commonalities. The common acute effects of psychedelics are known to include: mood instability, sensory disturbances, and altered salience perception (Schlag et al., 2022). Mild to moderate adverse effects, such as increased anxiety, headaches, nausea, dizziness, and fatigue are common both during dosing sessions and immediately afterwards (Carbonaro et al., 2016; Goodwin et al., 2022). Serious physiological concerns include cardiovascular risks and those related to neurotoxicity and dependency (Schlag et al., 2022). Challenging experiences (a.k.a. “bad trips”) are known to occur, but there is debate on whether or not these experiences are associated with positive or negative therapeutic change. One study found that “bad trips” are usually associated personal psychedelic use and are linked to use in unsafe environments (Bremner et al., 2023). Others warn of the risks of re-



traumatization, even in the controlled environment of PAT (Black, 2023; Evans et al. 2023; McNamee et al., 2023; Ross & Nickles, 2021).

Recently, concerns about more severe adverse have been raised (Evans et al. 2023; McNamee et al., 2023; Schlag et al. 2022). For instance, Goodwin et al. (2022) reported several instances of increased suicidal ideation and intentional self-harm in groups who were treated with high doses of psilocybin. Another example is the widely cited MAPS phase three trial for MDMA assisted therapy for PTSD. It has come to light that at least three of the 42 participants (7%) reported increases in suicidality and suicidal behaviour in the two months following the primary end point (Nickles & Ross, 2022). An important note about this example is that these were not reported when MAPS published its final results. These adverse effects became known only after participants made public media statements disparaging the ethical conduct of the study. In fact, there have been several allegations related to ethical issues, including abuse, that have been covered in the media (Lindsay, 2022; Nickles & Ross, 2022). The controversy has been so great that it prompted the government of Canada to halt all trials pending a review of safety (Lindsay, 2022). Additional ethical breaches (including boundary violations and abuse) related to this particular study are discussed further below.

Other serious adverse effects include the potential for psychosis and the related risk of harms to self and others (Schlag et al., 2022). Evans et al. (2023) note that psychedelics can lead to powerful personality change that may last lasting days, weeks, months or even years. They note that while those personality changes are often positive, sometimes they are not. One of the most common sorts of extended difficulty people can experience is *derealization*: which is the experience of feeling so disconnected from reality that the individual believes they are in a dream (Yang, et al., 2023). The state of derealization can occur both during the active

psychedelic session, or in the weeks or months following use. When derealization is combined with other effects of psychedelics there is a risk of individuals becoming violent (Evans et al., 2023). While the confines of the medical setting of PAT might greatly reduce the risk that an individual under the influence could do harm to others, this may not be the case in the weeks or months after the active dose session. A recent high-profile case involving a pilot, Joseph Emerson, serves as an example of the potential risks. In October 2023, Emerson was charged with 83 counts of attempted murder after he reportedly tried to sabotage a flight he was on by shutting down the planes' engines (Sundby, 2023). It was later revealed that Emerson had ingested psilocybin two days earlier and had not slept for 40 hours prior to the incident. When questioned later, Emerson stated "I thought I was dreaming and I just wanna[sic] wake up" (Sundby, 2023, para. 14). Professor Matthew Johnson of Johns Hopkins University has identified derealization, induced by psilocybin and the subsequent lack of sleep, as the most likely explanation (Evans, 2023).

In reviewing the literature, there appears to be very little research on psychedelic derealization, and only a few discussing post-psychedelic difficulties. As such, Evans et al. (2023) asserts that the psychedelic industry has not properly investigated risks and harms, nor has it communicated the currently known risks to the public. Some critics have attributed this to the fact that most funders and researchers are eager to promote the benefits of psychedelics and may be frightened of giving anti-drug prohibitionists ammunition (Lindsay, 2022; Nickles & Ross, 2022).

Similar to ongoing instances of derealization, Hallucinogen-persisting perception disorder (HPPD) is another risk associated with the use of psychedelics. HPPD, a syndrome is recognized by both the DSM-5 and the IDC, is characterized by prolonged or reoccurring

perceptual symptoms, similar to the acute hallucinogen effects experienced during active dosing sessions, but which persist long term (Orsolini et al., 2017). Research suggests that the dosage and frequency of use is unrelated to the potential for developing the condition, as there are several reports in the literature where individuals have been diagnosed after a single use (Martinotti et al., 2018). It has also been noted that combining psychedelics with other pharmaceuticals that act on the 5HT2-a receptors, like SSRIs, drastically increases the chances of developing HPPD due to the drug-drug interaction (Hosanagar et al. 2021).

Though it is important to discuss these risks related to derealization and HPPD, it is also pertinent to note that these risks have been identified by some as rare (Schlag et al., 2022).

**Boundary Violations and Abuse.** As noted in the discussion of informed consent, PAT faces difficulties in navigating client autonomy, particularly during active dose sessions where clients experience an altered state of consciousness. The known increase in suggestibility and vulnerability of clients under the influence of psychedelics leads to an increase in the already present unequal power dynamics inherent in the therapy process (Luoma et al., 2024). This in turn can increase a person's vulnerability to bad and even dangerous therapy and inflates risk of ethical boundary violations and abuse. Indeed there are many well known cases of unethical behaviour and abuse not only within the underground scene (Hall, 2021a, 2021b) but also within prominent clinical PAT trials (Lindsay, 2023; Ross & Nickles).

***The Use of Touch.*** The use of touch in psychotherapy remains contentious and insufficiently explored (Luoma et al., 2024), and is a concern that becomes even more complex when combining therapy with mind-alerting substances.

The use of *nurturing touch* is often promoted as a therapeutic tool in PAT, and may include handholding or placing a hand on the participant's arm, chest, or back (Louma et al.

2024; Mithoefer et al., 2017). Its purpose is said to be to offer reassurance, redirect focus to inner experiences, or address unresolved emotional needs from early life. Yet scholars have highlighted that the term is vaguely defined and lacks clear guidelines, leaving the interpretation of acceptable touch open to therapists and clients. This ambiguity increases the risk of boundary violations, especially when clients are in altered states (McNamee et al., 2023).

***Sexual Abuse.*** The problem of sexual abuse in therapy is not unique to the field of PAT (Fávero et al., 2023). Yet, these issues become especially worrisome when they occur under the influence of mind-altering substances that purport powerful healing. There have been multiple accounts of abuse both within the underground scene (Hall, 2021a, 2021b) and within current clinical research trials (Goldhill, 2020; Lindsay, 2023). An investigative podcast series coproduced by New York Magazine, entitled *Powertrip*, explores some of these allegations of abuse (Ross & Nickles, 2021-2022). They point out that because sexual abuse is the most underreported crime (National Sexual Violence Resource Center, 2017), it is expected that the known allegations are just the tip of the iceberg. Additionally, they highlight that the problem is not merely individual therapists acting in unethical ways, but also a system that is failing to respond, take action in accounting harms, or assist those who have been abused.

***Case Example: Richard Yensen and MAPS Clinical Trials.*** One of the most prominent and widely cited clinical trials on the effectiveness of PAT is the research conducted by MAPS regarding the effects of MDMA therapy to treat PTSD. The study found that 67% of their 90 participants receiving MDMA therapy no longer met the criteria for a diagnosis of PTSD after treatment, and that participants receiving MDMA therapy were twice as likely to recover as compared with those receiving psychotherapy alone (Mitchell et al., 2021). MDMA is a non-classical psychedelic known to elevate mood and produce feelings of euphoria, love, and a sense

of being connected to others (Meyer, 2013). These feelings of love and trust induced by MDMA can in turn make clients more vulnerable to sexual pressure (Villiger & Trachsel, 2023). Though current of models PAT have checks and balances in place, such as the presence of two therapists and video recordings of sessions, instances of abuse still occur – as was the case with Richard Yensen during the phase two MAPS clinical trial.

Yensen – an unlicensed therapist who was working with his wife Donna Dyer, was accused of sexually assaulting study participant Meaghan Buisson – who had enrolled in the trial in an effort to manage ongoing symptoms of PTSD related to a previous sexual assault (Lindsay, 2022a). Video footage from the MDMA sessions show Yensen breaking protocol and engaging in intimate physical contact such as lying on top of Buisson and holding her down as she cries out in pain (Lindsay, 2022a). The footage shows Yensen and Dyer lying in bed with Buisson with their arms around her, and Yensen is seen spooning Buisson from behind – twice readjusting his hips to press his groin against her. Yensen later admitted to having sex with Buisson after the dosing sessions had ended, but while she was still enrolled as a participant in the clinical trial (Goldhill, 2020).

After the allegations came to light, the abuse was acknowledged by MAPS and the organization severed ties with both the Yensen and Dyer (MAPS, 2022). Despite this, the organization faced harsh criticism for not properly vetting Yensen, who had a history of alleged sexual misconduct (Goldhill, 2020); for inadequately monitoring the study, including not reviewing the video footage until two years after the incident; and for responding poorly to Buisson’s initial allegations (Hallifax, 2022) .

Ultimately the case was settled out of court, but Buisson remains a vocal proponent of the need for greater protections within the field of PAT, including the need to acknowledge and

communicate to participants that they are at an increased risk for sexual exploitation due to the effects of psychedelic substances (McNamee et al., 2023).

**Ideological Risks: Ego Inflation, Cultic Exploitation, and Right Wing Psychedellia.**

While these risks may not be directly linked to the specific, medicalized experience of PAT sessions, there is a need to also consider the wider cultural impacts of normalizing and/or sanctioning psychedelics as therapeutic medicines. Increased acceptance of psychedelics for psychiatric use will inevitably lead to more individuals self-medicating outside the confines of PAT and without the guidance of a licensed professional (Wen, 2023). As such, it is worth considering wider ideological risks which may be associated with increased psychedelic use – whether or not it is within the confines of PAT.

The psychedelic experience is often reported to involve positive experiences of interconnection (or *ego-dissolution*) and feelings of increased empathy and caring others (Ko et al., 2022). However, in contrast to this, psychedelics have also been associated with risks of inspiring grandiosity (Anderson et al., 2020). This, combined with the suggestibility-enhancing effects of psychedelics (Villiger & Trachsel, 2023) has led to cases where charismatic authorities have exploited individuals into cultic communities (Ramm, 2017). A recent example within the context of the psychedelic renaissance is that of Sowilo, a psychedelic retreat which has been alleged to have turned into a cult (Evans, 2023).

There is a common assertion that increased psychedelic use will result in a more socially just world; that the psychedelic experiences of interconnection promote prosocial behaviour (Griffiths et al., 2018), progressive ideologies and egalitarian political views (Nour et al., 2017) that will lead to a more caring and environmentally minded world (Ross, 2023). However, Pace and Devenot (2023) found evidence of the opposite, and have argued that authoritarian beliefs

can prime people to interpret psychedelic experiences of interconnection as confirmation of status hierarchies. They highlight this fact by exploring the historical use of psychedelics by racist and authoritarian leaders, including prominent members of the Nazi party, as well as contemporary thought leaders like Jordan Peterson and prominent members of neo-Nazi organizations. They conclude that psychedelics are *politically pluripotent*, non-specific amplifiers of the political set and setting; that is, they enhance what is already there, as opposed to inherently leading to progressive ideologies related to interconnection.

While the scope of this paper does not allow for a full discussion of this topic, it is important to consider the wider cultural and social implications of increased psychedelic use as PAT becomes an accepted form of psychiatric intervention – both positive and negative.

### **Chapter Summary**

The ethical, practical, and social justice concerns surrounding psychedelic-assisted therapy are multifaceted. The significant hype surrounding PAT has led for an increased need for in depth critical analysis and education of the potential harms. This chapter has explored the main concerns within and across the three overlapping spheres of industry, research, and therapeutic practice.

The review of the literature revealed that the legacy of colonialism, cultural appropriation and commodification looms large, with Indigenous knowledge and practices often being co-opted without proper acknowledgment or benefit-sharing. There are questions about the role of profit driven and commercial interests in shaping and biasing clinical research and thus raising broader ethical concerns about the potential for prioritization of financial gain over patient well-being. Issues of consent, autonomy, and safety also come to the forefront in the literature, especially given the vulnerable psychological states of participants.

In the next chapter I will discuss possibilities for addressing some of these concerns, including next steps for any practitioners who might be interested in pursuing a career in PAT.



### Chapter Three: Discussion

The recent Psychedelic renaissance has produced what has been termed a *hype bubble* surrounding the potential benefits of PAT – where scholars and media outlets focus on the potential positives impacts and ignore or downplay the potential negative impacts. Within this context, there is a growing need for critical education and knowledge which considers issues from multiple perspectives. The literature review in chapter two discussed the background of PAT, as well as the multifaceted ethical, practical, and social justice concerns related to the growing industry. In chapter three, I will explore potential solutions to some of these issues, focusing mainly on wider level ideological frameworks rather than very specific practical recommendations. I will also provide guidance and recommendations for students and clinicians interested in learning more about PAT. While the solutions explored below are discussed with headings dividing each concept, it is important to note that these are overlapping and interrelated – mirroring the overlap and complexity of the multifaceted problems.

The subject of treatments using psychedelics asks of our society something that is difficult to do well: maintain a degree of nuance, critical thinking, and grounding in the scientific evidence. “In our social media–influenced culture, it seems easy to fall into extreme views. However, when it comes to psychedelics, the scientific data appear to prove wrong super-enthusiasts and super-skeptics alike” (Yaden et al., 2022, p.943).

#### ***Embracing Dialectical Thinking: Pharmakon and Two Eyed Seeing***

The literature review revealed a number of issues, and also a number of suggestions for how to manage these, some of which will be discussed further below. However, it is vital to note that many of these ideas for improvement may initially appear to be – or in some case actually are – in opposition of each other. For instance, there is a noted need to improve empirical

research by cultivating more rigorous and standardized scientific methodologies, yet there are also calls for increased acceptance of Indigenous ways of knowing and alternative forms of research from those questioning the epistemic authority of institutional, peer-reviewed, double-blind research designs; there are calls for increased regulation and standardization of practice as a means of increasing client safety, while others argue for much more flexibility in order to accommodate cultural diversity, and to help break down hierarchical power structures; some in the field call for increased medicalization as an answer to some of the concerns, while others are fervent against it, arguing it will only make things worse.

It is this very complexity, ripe with seemingly opposing perspectives, which drew me to this project in the first place. My goal was not only to learn about the current issues, but also to start to untangle the various perspectives on how to address these issues. Based on my personal experience completing the literature review – and in line with what some experts in the field have indicated – it is my belief that way forward in PAT requires the foundational skill of *dialectical thinking*. Dialectical thinking refers to the ability to view issues from multiple perspectives and to arrive at the most economical and reasonable reconciliation of seemingly contradictory information and postures (Spencer-Rodgers et al., 2018).

In fact, dialectical thinking is inherently baked into the western scientific concept of pharmaceuticals – a term that comes from the Greek word *phármakon*. *Phármakon* is a word that can mean either remedy, poison, or scapegoat; that is, both poison and cure (Salapata & Ballace, 2023). This dual meaning of *phármakon* reflects the complex nature of the practice of pharmacy. As Noorani (2019) notes:

In contrast with the toxicological goal of clearly distinguishing poison and cure by dose, psychedelic experiences appears to represent the logic of both poison and

cure – both new solutions and new problems, generative riddles that require further work to unknot. (p.35-36)

Dialectical thinking can also be of benefit when recognizing and discussing the differences and potential tensions between western scientific thinking and Indigenous ways of knowing. As this project is at its core about ethics and ethical praxis, I think it is helpful to have a guiding ethical framework that is able to recognize, hold, and even embrace the individual strengths and differences between these two different ways of knowing. The *Wise Practices Lense*, outlined in the 2020 CCPA code of ethics is one such helpful framework. This model encourages the use of *Etuaptomuk* (*two-eyed seeing*), which refers to:

learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing and from the other eye with the strength of Western knowledges and ways of knowing...and learning to use both eyes together for the benefit of all. (Marshall, 2004, as cited in CCPA, 2020).

For the following chapter I will be doing my best to enact dialectical thinking by embracing the frameworks of pharmakon and two-eyed seeing. This ability to hold multiple perspectives, and acknowledge nuance, appears to be key in helping to unpack and address the many issues in the field moving forward.

### ***Understanding Decolonization***

Decolonizing psychedelic studies involves more than just including more Indigenous voices. It requires recognizing and addressing the historical, cultural, and structural biases that have shaped the field (Devenot et al., 2022); it involves legitimizing and valuing Indigenous, marginalized, and non-western perspectives (Fotiou et al., 2019); it requires us to examine frameworks which are outside of the reductive, bio-mechanical approaches of western science in

order to allow for multiple perspectives to contribute to research and praxis (Celidwen et al., 2023).

In 2023, a paper was published by an Indigenous-led and globally represented group of practitioners, activists, scholars, lawyers, and human rights defenders. They had come together with the purpose of formulating a set of ethical guidelines concerning traditional Indigenous medicines current use in Western psychedelic research and practice (Celidwen et al., 2023). To do so, they engaged in an Indigenous consensus process of knowledge-gathering which identified eight interconnected ethical principles, including: Reverence, Respect, Responsibility, Relevance, Regulation, Reparation, Restoration, and Reconciliation (Celidwen et al., 2023). These propose of these ethical guidelines was to help western practitioners and policy makers incorporate and honour Indigenous ways of knowing as a way to help guide the industry towards a more decolonized praxis. In the service of this, is helpful to understand Indigenous views of personal and social wellbeing – which are commonly rooted in a non-hierarchical ontology and based on reciprocity and relationally (Celidwen et al., 2023; Wilson, 2008). This relationally extends beyond the human world, and includes reciprocity with the land and the spirit world. Indigenous ontology is incompatible with neo-liberal capitalism's basis in extraction and exploitation, which is premised on a colonial hierarchization of all life (Devenot, 2023).

The psychedelics industry can work towards decolonization by implementing several practical strategies. First, it can prioritize partnerships and benefit-sharing agreements with Indigenous communities who have historically used these substances in spiritual and medicinal contexts. This involves not only compensating these communities but also involving them in research and development processes to ensure their knowledge and traditions are respected and preserved (George et al., 2020). Additionally, companies can foster inclusivity by making

psychedelic therapies accessible to marginalized groups who might benefit from such treatments but lack access due to socioeconomic factors (Labate, et al., 2021).

Furthermore, promoting diversity within the industry itself is crucial. This can be achieved by hiring and training individuals from diverse backgrounds, particularly from Indigenous and marginalized communities, to hold leadership and research positions (Hauskeller & Schwarz, 2023). The industry can also support educational initiatives that raise awareness about the cultural significance of psychedelic substances and advocate for policies that protect Indigenous plant medicines and their cultural practices from exploitation (Fotiou et al., 2019).

These steps help in creating a more equitable psychedelics industry that not only acknowledges but actively compensates for its historical debts and cultural borrowings. Decolonizing psychedelic studies is a complex and ongoing process that requires active engagement, humility, and a commitment to social justice and equity. It involves challenging deeply ingrained power structures and fostering a more inclusive and equitable approach to understanding and working with psychedelics.

### ***Deflating the Hype Bubble***

The literature review showed an increasing number of scholars and advocates calling for the systematic deflation of the psychedelic hype bubble (Aday et al., 2022; Kious et al., 2023; MacBride, 2023; McNamee, 2023). For instance, Yaden et al.'s (2022) article – aptly entitled *Preparing for the Bursting of the Psychedelic Hype Bubble* – asserts that scientists and clinicians have “an ethical responsibility to dispute claims not supported by available evidence” (p. 943). They go on to strongly encourage their colleagues to help deflate the hype bubble by focusing on the use of good science and sound communication practices with the media.

It does appear that this may already be happening. From an anecdotal perspective, in the course of researching for this project over the last year, I have noticed a large increase in newly released articles (both scholarly and journalistic) covering the ethical and social justice issues faced by PAT, and referring specifically to harms caused by the hype. For example, when I first began this project, I could not find an article that offered what I considered to be a comprehensive enough look at the concerns across all domains of psychedelic science and praxis. It was only after I had finished the vast majority of my research that Van Elk & Fried (2023) released their article doing just that. This article – which essentially encapsulates and parallels my own research project – includes a set of helpful tables for easy referencing of the multiple identified issues. Further, most of the cited literature that discussed the ethical concerns around PAT were published in the last two years (2022 - 2023). In the first few months of 2024 there have been several more articles offering comprehensive and in-depth examinations of the issues, but which I was not able to include in this paper due to deadlines for completion.

This anecdotal personal experience is also being reflected by journalists and scholars alike, who cite a growing minority of actors in the psychedelics field who are drawing attention to the dangers of overhyping the potential of psychedelics (MacBride, 2023). There is also some empirical evidence suggesting that more attention is being paid to critical analysis of the field. For instance, the critical viewpoint by Devont, et al. (2023), which called for increased research and attention focused on the harms associated with PAT, was reported to be the most-cited new article in 2023 in all of JAMA Psychiatry (a top medical journal that only accepts 9% of submitted research papers) (Öngür, 2024).

Additionally, recent downward trends in the psychedelic investment market may also represent evidence of a deflating hype bubble. A Bloomberg article published in summer of 2023

revealed that psychedelics stocks had dropped by 53% compared to just one year earlier (Kary, 2023). It goes on to note that, as of the publication date, around half the psychedelic companies which had gone public since 2019 were either in the process of selling intellectual property or shutting down. For Instance, Atai, laid off 30% of its staff in March 2023 after its depression treatment failed in a key study (Kary, 2023). The decrease in market value has been predicted to continue through 2024 and into 2025 (Perrone, 2024).

### *Embracing Critical Voices*

The literature review revealed the need to pay more attention to the potential harms of psychedelics – including explicitly acknowledging the systemic issues at play. Unfortunately, the psychedelic community has been accused of actively rejecting and suppressing critical voices, for fear that it might hurt the movement (Hall, 2021b; McNamee 2023; Ross & Nickles, 2021). Williams et al. (2021) notes that divisive relationships and fractionation in the field of PAT is indeed a widespread problem.

A recent example of this occurred in November 2022 at *Wonderland* – a popular psychedelic science conference – when a group of eight researches, journalists, and advocates were banned from attending (Left Voice, 2023). One of those banned was Lily K. Ross, a survivor of sexual abuse in the psychedelic healing context and co-creator of the cover-story podcast *Power Trip*, which explored instances of abuse in the psychedelic community. She stated:

First time I've been banned from an event for exposing rape, abuse, and research misconduct. This is what the psychedelic movement does with critics – erase, omit, and marginalize. One of us on this list was just escorted out by cops. (Ross, 2022)

Another individual banned from the conference was Nese Devenot, a bioethicist and prominent figure in the emerging field of critical psychedelic studies. Devenot's work appears throughout my project and has been key in helping me formulate my understanding of the range and complexity of the issues. Later at the conference, Hamilton Morris – a consultant for the psychedelic medical corporation Compass Pathways – took to the stage to mock an academic paper (entitled *Right-Wing Psychodelia*) authored by Devenot and her colleague Brian Pace, who had also been barred from entry (Left Voice, 2023).

Despite this, one year later, in January of 2024, Devenot stated that "there has been a sea change in the broader field's reception of critical perspectives on psychedelic medicine over the past year" (Devenot, 2024, para 4). In Early 2024, with a 16 million dollar grant, Harvard Law launched a symposium entitled *Critical Psychedelic Studies: Correcting the Hype* – of which Devenot is a contributor. She states that:

The essays collected in this symposium represent a diversity of viewpoints about the field of psychedelic studies and its potential futures, rather than a consensus perspective. Despite differences in opinion, disciplinary vantage point, and level of analysis, they are united in calling attention to significant topics that have been under explored in the dominant discourse about psychedelic medicine. (Devenot, 2024, para 11)

Topics explored by the symposium are to include bioethics, psychedelic therapy abuse, risk of ethics washing, colonization, intellectual property, and psychedelic capitalism.

In addition to embracing critical voices, there is a need to prioritize the voices of those who have been harmed and those who have been marginalized. In an effort to enact this, I have made an effort to prioritize the ideas, research, and recommendations put forth by these



voices. The literature review also reflects and reinforces calls for increased interdisciplinary collaboration within the field to ensure a more comprehensive and robust solutions, from a variety of perspectives.

### ***Embracing community based, not-for profit systems***

In response to the ethical and social justice issues facing the field of PAT, many scholars and advocates discuss the need (to varying degrees) for a wider paradigm shift away from individualism and privatization and towards collectivism and public availability (Devenot et al. 2022b; Harris, 2023; Williams et al., 2021). For instance, Williams et al. (2021) strongly support the funding of PAT within public health systems in Australia – which recently legalized certain forms of PAT. They contend that this will need to be reinforced by a robust regulatory environment to manage commercial aspects, including issues related to intellectual property. Based on an economic analysis of the potential long term-savings to the health system, they recommend the translation of PAT to community clinics, as well as government funding of clinical trials that are based on statistically meaningful numbers and include long-term follow-up, in order to evaluate the safety and sustainability of therapeutic outcomes (Williams et al., 2021). Additionally, there are calls to restrict psychedelic-related patents and incentivize or even mandate the sharing of monetary benefits gained from new applications of psychedelic medicine within various local and Indigenous communities (Harris, 2023)

### ***Building Communities of Care***

The literature review also revealed a need to focus on building communities of care – not just as a means to enhance post experience integration, but as a fundamental component of the therapeutic experience itself. This is highlighted by Rosalind Watts, a prominent researcher in

the field, who made the following statement after co-leading a major clinical trial (Carhart-Harris et al., 2021) of psilocybin for depression:

After two years leading this trial, you might think that I'd be disappointed that psilocybin didn't outperform SSRIs. Many people point out the limits of SSRI[s], and yet psilocybin has all this hype and expectation around it. Yet this result is something to celebrate, because I think it goes to show the power of care... I think that our results show the magic of genuine care, time, presence, respect, and being part of a healing community. And that is what is sorely missing from our psychiatric system. So if psilocybin becomes just another drug, it will be as uninspiring and ultimately disappointing as SSRIs have been to many. And psychedelics without caring community may turn out to be not just ineffective but also risky. (Watts, 2021)

Watts' emphasis on the fundamental role of relational care in the context of a supportive community stands in stark contrast to the highly reductive approach that focuses on the molecular components of the drug itself. Community-based integration support groups are also needed to help with the integration of experiences in the months (and even years) following a psychedelic session (Noorani, 2019).

### **Improving Clinical Research in PAT**

#### ***View From the Western Eye***

Enhancing the scientific rigor of clinical studies in PAT is paramount for establishing the safety and efficacy these treatments – as well as addressing many of the ethical concerns facing the field. Key recommendations include: increasing sample sizes and diversity of trial participants (Hauskeller & Schwarz, 2023); incorporating active placebos more congruent with

the effects of the active compound (Gukasyan & Nayak, 2022); standardizing treatment protocols – including specifying dosages, preparation procedures, therapeutic settings, and integration sessions to ensure consistency across studies; and adding more long-term follow-up assessments to evaluate the durability and sustained effects treatment (Aday et al. 2022).

There is a need for more robust monitoring systems of adverse events, and proactive screening for potential risks. Finally, prioritizing transparency, reproducibility, and data sharing is essential – helping to facilitate collaboration among researchers and institutions.

### ***View from the Indigenous Eye***

Incorporating Indigenous ways of knowing into research is also important (Hauskeller & Schwarz, 2023). In his book, *Research is ceremony*, Wilson (2008) explains that Indigenous research methodologies are commonly rooted in community participation, storytelling, and relationally. He goes on to discuss how these methodologies prioritize holistic understandings of health and well-being – acknowledging the interconnectedness of mind, body, spirit, and environment. Research often involves elders, healers, and knowledge holders in all aspects of the process, from the design and implementation, through to interpretation and dissemination of findings. Additionally, efforts are made to empower participants and build capacity within the communities.

### **Addressing Practice Issues**

In addition to the higher level, ideological and paradigm shifts, there are also more practical issues that will need to be addressed in order to ensure that the developing field of PAT adequately addresses ethical concerns. It is not possible to cover the full scope of recommendations and potential solutions, below is a summary of the main points.

The establishment of clear guidelines and oversight by professional bodies will be essential in moving PAT forward (Belouin et al., 2022). This includes developing and enforcing ethical codes specific to PAT, which should address issues like the potential for therapist-client boundary violations, which are of particular concern given the vulnerable state of clients during sessions (Anderson & Danforth, 2020). Moreover, as discussed above, ethical practice must include culturally sensitive approaches that respect the Indigenous origins of many psychedelic substances, recognizing and integrating traditional knowledge and practices in a respectful manner (Labate et al., 2021).

Implementing rigorous training and certification programs for therapists will also be crucial (Belouin et al., 2022). These programs should not only cover the pharmacological aspects of psychedelics but also emphasize ethical considerations, such as informed consent, confidentiality, and managing the power dynamics between therapist and client (Johnson et al., 2018). The training programs – and the clinicians themselves – should in turn be accredited through a dedicated professional association to maintain safety and standards – especially in the above proposed translation into more community-based clinics (Williams et al., 2021).

There is also a need for a much more enhanced informed consent process (Harrison, 2023). The full range of potential adverse effects needs to be discussed in detail – including the expected effects of being in an altered state of consciousness (Seybert et al., 2023; Smith & Appelbaum, 2022). Clients need to be made fully aware that these altered states can make them vulnerable to influence and at an increased risk for abuses of power. Concrete agreements need to be made in advance about any possible intervention techniques – including any forms of touch or other potential grounding techniques (Luoma et al., 2024; McLane et al., 2021). Additionally, therapists/researchers need to ensure that clients are aware of the potential need for rescue

medication, such as anti-psychotics in the case of agitation (Seybert et al., 2023; Smith & Appelbaum, 2022).

These strategies, backed by ongoing and improved research, aim to ensure that PAT is conducted in a manner that is safe, ethical, respectful, and beneficial.

### ***Understanding Medicalization***

A central debate in the psychedelics community – and which is at the core many of the social justice and ethical issues discussed in chapter two centers around medicalization. The *medicalization of psychedelics* refers to efforts to turn psychedelics into medications that can be administered through healthcare systems (Noorani, 2019). That is, the very concept of PAT as it has been discussed here and in the literature, represents a medicalized approach (though the degree to which it embodies this approach can vary). Further, the recommendations for improving practice in the previous section, mostly represent arguments for increased medicalization via standardization and regulation.

While the literature review in chapter two did indeed reveal a lack of standardization in PAT research and praxis – and there are many calls for further development of more rigorous, evidence-based guidelines, training programs, and regulatory frameworks to ensure consistency, safety, and ethical integrity in the delivery of psychedelic therapies – it is important to acknowledge that this is not the only way forward. In fact, there are many psychedelic advocates who argue against a heavily medicalized approach (Gründer et al., 2024) – particularly those who are interested in decolonizing PAT in favour of more community based, non-hierarchical models which value Indigenous ways of knowing (Celidwen et al., 2023; Devenot, 2022a; Labate et al., 2021). While proponents of medicalization argue that it may actually increase access via insurance coverage or delivery through healthcare systems, opponents deny this.

Instead, they point out how medicalization restricts access by limiting availability to licensed healthcare professionals or to specific clinical settings, and thus excluding individuals who could benefit from these treatments outside of traditional medical contexts (Harris, 2023). Additionally, critics argue that medicalization itself is leading to the commodifying of psychedelics by placing control in the hands of pharmaceutical companies and medical institutions – substantially increasing the risk of prioritizing profit over individual well-being and community autonomy (Devenot et al. 2022a; Gerber et al., 2022).

The issues of decriminalization and/or legalization are also deeply intertwined into these conversations, making the debate surrounding the medicalization of psychedelics even more complex and multifaceted. Though a full exploration of these issues is beyond the scope of this project, it is important to acknowledge that these ideological and policy issues are inherent to the discussion of addressing certain ethical and social justice concerns in the field. Any student or clinician interested in the field of PAT should ensure they explore these areas in more depth.

## **Limiting Factors**

### ***Scope***

The scope of this literature review was quite wide, as I had intentionally wanted to gather a broad understanding of the various issues. However, this also meant that I was limited in my ability to provide the full level of depth, complexity, and nuance related to each area. A large part of my process while engaging with this process was learning to let go of the need to capture it all – as this simply was not possible within the constraints of this project. It is important for readers to be aware that this review represents an overview of the topics, and that further education will be important to any student/clinician who is interested in pursuing work in the field of PAT.

### ***Nascent Field***

Psychedelic research and praxis is a new and emerging field of study which will require significant and ongoing research in order to establish safe and sustainable practice on a wider scale. As of the date of writing, psychedelics remain illegal in most countries, and are not approved for clinical use outside of certain clinical trials (with some exceptions, like ketamine therapy). This in turn limits the available research and scholarly discourse, particularly in the area related to harms.

As noted earlier, the field is rapidly evolving and changing. Information presented in this literature review is likely to become out of date quite quickly. As such, it is imperative that clinicians and students keep up with current scholarly research and discourse – which I have defined for myself as those published in the last one to three years.

### ***Theoretical Frameworks***

The theoretical frameworks discussed in chapter one guided this project, and as such, they exerted influence on which types of literature was reviewed and how it was interpreted. For instance, in line with the stated frameworks social justice and decolonization I prioritized the voices of those marginalized and those who were the victims of harm, as their experiences highlight where systems broke down or were broken.

### ***Clinical Relevance and Recommended Resources***

Within the current context of the psychedelic renaissance, everyday counsellors are increasingly likely to receive questions from clients about the therapeutic use of psychedelics. Similarly, as these drugs become increasingly accessible and more culturally accepted, it is also likely that clinicians will work with clients who are currently using psychedelics, whether for personal therapeutic or recreational purposes. Here there is an ethical imperative for clinicians to

ensure that they are not providing misinformation to clients. Counsellors can ensure they are maximizing client beneficence by ensuring they are well educated on the issues and also aware of their personal biases – which may or may not be influenced by personal experiences with psychedelics and/or by the current hype bubble. Based on the literature review conducted, below are some key recommended resources:

**1. *Free online course: Psychedelics and the Mind***

A self-paced, free, online course offered by the University of Berkeley which explores "the science, culture, and history of psychedelics for both the novice learner and the curious expert interested in fact-based learning surrounding visionary substances" (BerkeleyX, 2023). The format is a series of easily consumed educational videos, with optional quizzes to test your knowledge. This course provides an excellent foundational learning experience and acknowledges many of the ethical and social justice concerns discussed in this literature review, not just in the content, but also by including a diversity of voices and ideological perspectives.

**2. *Podcast Series: Cover Story Season One: Power Trip***

Cover Story is an investigative podcast from New York Magazine. The first season, Power Trip, "uncovers the secrets and exposes the darkest corners of the psychedelic renaissance through a twisted, deeply personal tale at the intersection of mind, body, and control (Ross & Nickles 2021-2022). This podcast series, consisting of nine 50 minute episodes is an excellent deep dive into the many ethical concerns facing the field of psychedelic research and praxis.

**3. *Organization to follow: Psymposia***

A nonprofit research and media organization that offers critical perspectives on psychedelics, politics, and culture (Psymposia, n.d). This group of scholars and journalists has



been instrumental in providing much needed critical analysis and investigative journalism which has seeded the emerging field of critical psychedelic studies.

### **Personal Reflections: Remaining Hopeful**

In reflection, my personal process surrounding my feelings related to PAT have mirrored that of the Gartner Hype Cycle (2003) itself: initially I was caught up in the "peak of inflated expectations", followed by a sink into the "trough of disillusionment". This disillusionment was further brought about by the early and mid-stages of this project, where I found it increasingly difficult to maintain much positivity in the face of what felt like an overwhelming amount of negativity and deeply complex problems. Yet, very slowly as I went on – and in particular as I formulated chapter three, I found myself climbing up the "slope of enlightenment" and towards the "plateau of productivity". As I come to the completion, I am exiting this process with a much more grounded, informed, and ultimately hopeful mentality. Equipped with the knowledge, I feel that I am now better positioned to be able to effectively evaluate the nuances and complexities of this emerging field of research and praxis. A core learning has been around the ability to hold multiple perspectives, embrace the ethic of two-eyed seeing, as well as the concept of psychedelics as pharmakon – both cure and poison. As Devenot (2024) states "you can be both pro-psychedelics and anti-hype" (para 8) – and that, is how I would define my current position.

**Conclusion**

This capstone project has critically examined the ethical and social justice concerns within the rapidly evolving field of psychedelic-assisted therapy, and amid the backdrop of the psychedelic renaissance. As clinical research increases and public perceptions shift towards the acceptance of psychedelics for mental health treatment, there remains an imbalance in the attention paid to potential benefits of PAT compared to potential risks and harms – leading to what has been termed the psychedelic hype bubble. The literature review explored key issues spanning industry and culture, clinical research, and clinical practice. Significant challenges were highlighted, including the harms of commercialization and neocolonialism, biases in clinical research due to expectancy effects, small sample sizes, and inconsistent methodologies, as well as concerns over autonomy and safety due to the mind-altering nature of psychedelics. When exploring potential solutions to these challenges, there is a need for dialectical thinking and ethical frameworks which directly address and balance the differences between western scientific ways of knowing, and Indigenous ways of knowing. As the field develops, more rigorous clinical psychedelic research, paired with enhanced education can provide important correctives to the psychedelic hype bubble by incorporating critical and interdisciplinary perspectives. This conclusion reiterates the importance of a balanced approach to the development and implementation of psychedelic-assisted therapies, ensuring they are safe, just, and beneficial for all.

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